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COUNTY AUDITOR-CONTROLLER
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SAN BENITO COUNTY
OFFICE OF THE AUDITOR
481 Fourth St., 2nd Floor
Hollister, California 95023

TRANSIENT OCCUPANCY TAX - REGISTRATION APPLICATION

PLEASE PRINT OR TYPE

Operator Name _____

Operator Mailing Address _____

Operator Email Address _____ Operator Phone # _____

Hotel Address _____ Hotel Mailing Address _____

(check the box if applicable): Collecting/Reporting/Remitting TOT related to various Assessor's Parcel Numbers.

Type of Structure (check one):

<input type="checkbox"/> Studio Hotel	<input type="checkbox"/> Lodging House	<input type="checkbox"/> Hotel	<input type="checkbox"/> Rooming House	<input type="checkbox"/> Inn	<input type="checkbox"/> Apartment House	<input type="checkbox"/> Tourist Home	<input type="checkbox"/> Motel
<input type="checkbox"/> Dormitory	<input type="checkbox"/> Public Club	<input type="checkbox"/> Private Club	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Tourist House	<input type="checkbox"/> House Trailer		
<input type="checkbox"/> Other (specify) _____							

Number of Rental Rooms (check one): 2 or less 3 to 5 6 to 99 100+

Type of Ownership (check one):

<input type="checkbox"/> Trust	<input type="checkbox"/> Association	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Estate
<input type="checkbox"/> Other (specify) _____					

IMPORTANT: Change of Operator and/or Ownership Requires a New Application

Owner(s) Name (List Principals):

Name	Address	Phone Number

Local Emergency Contact (Managing Agent)

Name	Address	Phone Number

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signed _____

Date _____

FOR COUNTY USE ONLY

Certificate Number:

Date Issued:

APN Number:

By: _____
 Deputy Auditor