

Treasurer-Tax Collector COUNTY OF SIERRA

Van Maddox
Auditor-Treasurer-Tax Collector



TRANSIENT OCCUPANCY TAX REGISTRATION

1. **Business name:** _____
Street address: _____
2. Type of organization: Individual _____ Partnership _____ Corp. _____ Other _____
3. Owner's name & address: _____
_____ Phone: _____
4. Operator's name & address: _____
_____ Phone: _____
5. Who is responsible for reporting this tax?
Owner _____ Operator _____ If operator, is this a lease? (Yes/No) _____
6. How long have you owned or operated this business? Years: _____ Months: _____
7. First date the units were rented on a 30 day or less basis: _____
8. Seasonal operation? Approximate dates: _____ to _____.
- | | Transient
Occupancy | Monthly
Rentals | TOTAL
AVAILABLE |
|-------------------------------------|------------------------|--------------------|--------------------|
| 9. Number of regular units : | _____ | _____ | _____ |
| Number of bed & breakfast units: | _____ | _____ | _____ |
| Number of RV spaces: | _____ | _____ | _____ |
| Number of mobile homes or trailers: | _____ | _____ | _____ |
| Number of campsites: | _____ | _____ | _____ |

OPTIONAL

10. Email Address: _____ Website: _____
11. Meeting room(s) available? _____ If yes, approximate capacity? _____

Signed : _____ Title: _____ Date: _____

*** PLEASE INCLUDE SUMMER & WINTER RATE SCHEDULES WITH THIS FORM ***

registration form.doc