

TRANSIENT OCCUPANCY TAX (TOT) REGISTRATION

Santa Rosa City Code 3-28.050

1. BUSINESS NAME _____

2. OWNER NAMES _____

3. PROPERTY ADDRESS _____

STREET
CITY
STATE/ZIP
BUSINESS PHONE

4. MAILING ADDRESS _____

STREET
CITY
STATE/ZIP
BUSINESS PHONE

5. EMAIL ADDRESS _____

6. WEBSITE ADDRESS _____

7. OWNERSHIP TYPE: Individual Partnership Corporation Other

8. WHEN DID YOU OWN AND/OR START RENTING THIS PROPERTY? _____

9. ACCOUNTING RECORDS ARE MAINTAINED: ON PREMISES ELSEWHERE**
** (Name, address & ph# where records may be examined)

10. NO. OF ROOMS/UNITS AVAILABLE: _____

Owner Signature _____ Date _____

11. IF OWNER DOES NOT OPERATE BUSINESS, PLEASE FURNISH THE FOLLOWING INFORMATION:

NAME OF PROPERTY MANAGER _____

ADDRESS _____

STREET
CITY
STATE/ZIP
BUSINESS PHONE

Manager Signature _____ Title _____ Date _____

RETURN FORM TO:
**CITY OF SANTA ROSA
 REVENUE & COLLECTIONS
 POST OFFICE BOX 1673
 SANTA ROSA, CA 95402**