



SAN BERNARDINO COUNTY
TAX COLLECTOR

268 West Hospitality Lane, First Floor, San Bernardino, CA 92415

Application for TOT Certificate

Registration pursuant to County Code §14.0203 - Uniform Transient Occupancy Tax (TOT)

1. OWNER _____

2. TYPE OF RENTAL:

BUSINESS

PRIVATE RENTAL HOME

3. BUSINESS NAME (if applicable) _____

4. RENTAL ADDRESS _____

5. MAILING ADDRESS _____

6. PHONE NUMBER _____

7. HOW LONG HAVE YOU OWNED OR OPERATED THIS BUSINESS? _____

8. TYPE OF ORGANIZATION:

INDIVIDUAL

PARTNERSHIP

CORPORATION

If CORPORATION, list State of Incorporation & Articles # _____

9. NAMES OF PARTNERS OR CORPORATION OFFICERS:

NAME TITLE ADDRESS

NAME TITLE ADDRESS

NAME TITLE ADDRESS

10. NUMBER OF OCCUPANCY UNITS _____

11. IF OWNER DOES NOT OPERATE THE BUSINESS, PLEASE STATE NAME, ADDRESS, AND TELEPHONE NUMBER OF OPERATOR OR MANAGING AGENT WHO OPERATES THE BUSINESS.

TITLE _____

DATE _____

SIGNED _____