Please return completed application to:
City of Vallejo · Commercial Services Division · 555 Santa Clara Street · Vallejo, CA 94590
Phone: (707) 648-4347 Fax: (707) 649-5407 www.ci.vallejo.ca.us
Office Hours: Monday - Friday 8:30 a.m. to 5:15 p.m.
Vallejo Municipal Code Chapters 3.19 and 14.50

# TRANSIENT OCCUPANCY TAX REGISTRATION APPLICATION

For the privilege of occupancy in any hotel, each transient is subject to and shall pay a tax in the amount of eleven percent (11%) of the rent charged by the hotel operator. Each hotel operator shall make a report of the total rents charged and the amount of tax calculated for the preceding month. Transient Occupancy Tax filings are due on or before the twentieth (20th) day of each calendar month for the total gross receipts and the amount of tax owed for the preceding calendar month, and become delinquent thereafter.

**Reason for Application**

☐ New Business ☐ Change of Owner ☐ Change of Business Name ☐ Change in Type of Ownership

☐ Other (Specify): _____ Business Certificate Number: _____

Ownership (please check one): ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ LLC ☐ Ltd Partner

## BUSINESS INFORMATION

Hotel Name:

Mailing Address:

Hotel Street Location (not a PO box): Suite or Room:

Business Phone Number: Date Operation Started:

*E-mail Address:

Name of Contact: Total No. of Rooms:

Federal Employer ID Number: State Employer ID Number:

Social Security Number: Business License Number:

State Board of Equalization Permit Number:

Number of Employees of Location in Vallejo:

## APPLICANT SIGNATURE

I hereby declare under the penalty of perjury under the laws of the State of California that the information furnished in this application and any attachments thereto are true and correct to the best of my knowledge and belief represent a true, correct and complete statement of facts. I understand that I may be required to submit additional information related to the proposed business before a decision can be made. I understand that this application is not proof of final approval of a license, permit, or tax certificate. This is only an application.

Signature: Title:

Printed Name: Date:

* E-mail addresses are used to communicate city information to you, including information about Business Improvement Districts, Public Works Projects and events of public interest. Your address will not be sold, shared, or used for any other purpose.

# TRANSIENT OCCUPANCY TAX REGISTRATION

**(Continued)**

## OWNERS, PARTNERS, OR CORPORATE OFFICERS (attach additional sheets if needed)

(Owner's home address, phone, social security and driver's license numbers are confidential information not available to the public).

Owner Name: Title: Home Phone ( ) Cell Phone ( ) E-mail:

Home Address:

City: State: Zip: Date of Birth:

Driver's License No.: Social Security No.:

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Owner Name: Title: Home Phone ( ) Cell Phone ( ) E-mail:

Home Address:

City: State: Zip: Date of Birth:

Driver's License No.: Social Security No.:

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## NAME OF MANAGING AGENT (IF ANY)

Name: Title: Phone ( ) Cell Phone ( ) E-mail:

Address:

City: State: Zip:

## IN CASE OF EMERGENCY, PLEASE CONTACT

Name: Title: Phone ( ) Cell Phone ( ) E-mail:

Address:

City: State: Zip:

## DEFINITIONS

"Hotel" means any structure, or any portion of any structure, which is occupied or intended or designed for occupancy by transients for dwelling, lodging or sleeping purposes, and includes any hotel, inn, bed and breakfast, tourist home or house, motel, studio hotel, bachelor hotel, lodging-house, or other similar structure or portion thereof.

"Hotel" does not mean any of the following: any hospital, sanitarium, medical clinic, convalescent home, rest home, home for aged people, foster home or other similar facility operated for the care or treatment of human beings; any asylum, jail, prison, orphanage or other facility in which human beings are detained and housed under legal restraint; any housing owned or controlled by any educational institution and used exclusively to house students, faculty or other employees, and any fraternity or sorority house or similar facility occupied exclusively by students and employees of such educational institution, and officially recognized or approved by it; any housing operated or used exclusively for religious, charitable or educational purposes by any organization having qualifications for exemption from property taxes under the laws of the State of California; any housing owned by a governmental agency and used to house its employees or for governmental purposes; any camp as defined in the California Labor Code or other housing furnished by an employer exclusively for employees.

# TRANSIENT OCCUPANCY TAX REGISTRATION APPLICATION
# DECLARATION OF RESPONSIBILITY

For each hotel location you operate, complete the appropriate Declaration of Responsibility for your type of ownership.

Business Certificate Number:_____ Hotel Location:

**Sole Proprietorship - Declaration of Responsibility**

By signing this application form, I represent and acknowledge that I am the person responsible for the operation of this hotel location. I am responsible for the collection of the transient occupancy tax from the guests and payment of those tax revenues to the Tax Administrator. I am liable for all applicable penalties including, but not limited to, the failure to collect and transmit the tax, for underreporting the tax, for failure to transmit the taxes to the Tax Administrator, for any misrepresentations contained in this application, or for any other violations of applicable law regarding the operation of the hotel location. Those penalties may include, but are not limited to, suspension and/or revocation of the certificate. If any information included on this application should change, I agree to inform the Tax Administrator of those changes within five working days.

I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed this _____ day of _____, 20_____, in _____

_____ Print Your Name
Signature

**Partnership - Declaration of Responsibility**

By signing this application form, I_____, general partner of _____ (the "Partnership"), with full power and authority to bind the Partnership, hereby represent and acknowledge that the Partnership is responsible for the operation of this hotel location. The Partnership is responsible for the collection of the transient occupancy tax from the guests and payment of those tax revenues to the Tax Administrator. The Partnership is liable for all applicable penalties including, but not limited to, the failure to collect and transmit the tax, for underreporting the tax, for failure to transmit the taxes to the Tax Administrator, for any misrepresentations contained in this application, or for any other violations of applicable law regarding the operation of the hotel location. Those penalties may include, but are not limited to, suspension and/ or revocation of the certificate. If any information included on this application should change, the Partnership agrees to inform the Tax Administrator of those changes within five working days.

I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed this _____ day of _____, 20_____, in _____

_____, a _____ partnership
Name of Partnership State of organization

By _____ _____ _____
Signature of Individual Print Your Name Title

**Corporation - Declaration of Responsibility**

By signing this application form, I_____, an officer of _____ Corporation (the "Corporation"), with full power and authority to bind the Corporation, hereby represent and acknowledge that the Corporation is responsible for the operation of this hotel location. The Corporation is responsible for the collection of the transient occupancy tax from the guests and payment of those tax revenues to the Tax Administrator. The Corporation is liable for all applicable penalties including, but not limited to, the failure to collect and transmit the tax, for underreporting the tax, for failure to transmit the taxes to the Tax Administrator, for any misrepresentations contained in this application, or for any other violations of applicable law regarding the operation of the hotel location. Those penalties may include, but are not limited to, suspension and/ or revocation of the certificate. If any information included on this application should change, the Corporation agrees to inform the Tax Administrator of those changes within five working days.

I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed this _____ day of _____, 20_____, in _____

_____, a _____ corporation
Name of Corporation State of Incorporation

By _____ _____ _____
Signature of Individual Print Your Name Title