

OFFICIAL USE ONLY						
New Permit No.						
Date Processed:						

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

If your property is located in the City of Vallejo and is rented out to Transients for 30 consecutive days or less, you are responsible for collecting and remitting the TOT and VBID assessment to the City and therefore need a Transient Occupancy Tax Registration Permit. Complete and submit this application to the address listed above. A fee of \$5.00 must accompany this application. Once your application is processed, you will receive a permit number from the City. Reason for Application New Business Change of Owner Change of Business Name Change in Type of Ownership Other (Specify): Existing TOT Permit No. Ltd Partner Sole Proprietorship Partnership Corporation LLC Ownership (please check one): **BUSINESS INFORMATION** Hotel Name: Mailing Address: Hotel Street Location (not a PO box): Suite or Room: Date Operation Started: **Business Phone Number:** *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:

Date:

Printed Name:

^{*} 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)

Per Vallejo Municipal Code (VMC) §3.19.060, Operators renting occupancy to transients, shall register with the City Tax Administrator and obtain a "Transient Occupancy Registration Permit" within five (5) days after commencing business. The permit is to be posted at all times in a conspicuous place on the premises.

OWN	ERS, PARTNERS, OR C	ORPORATI	E OFFICE	ERS (at	ttach additi	onal sheets if needed)			
						formation not available to the public).			
Owner Name:			Title:			Home Phone () Cell Phone ()			
Home Address:		E-mail:							
City:		State:		Zip:		Date of Birth:			
Driver's License N	No.:	Social Secu	urity No.:						
Owner Name: Home Address:			Title:			Home Phone () Cell Phone () E-mail:			
City:		State:		Zip:		Date of Birth:			
Driver's License N	No.:	Social Secu	urity No.:						
NAME OF MANAGING AGENT (IF ANY)									
Name:			Title:			Phone () Cell Phone ()			
Address:						E-mail:			
City:		State:		Zip:					
IN CASE OF EMERGENCY, PLEASE CONTACT									
Name:			Title:			Phone () Cell Phone ()			
Address:				1 -		E-mail:			
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:	Hotel Location:				
location. I am respo the Tax Administrate for underreporting the application, or for a include, but are no	Sole Proprieto lication form, I represent and ac nsible for the collection of the tra or. I am liable for all applicable pe ne tax, for failure to transmit the any other violations of applicabl t limited to, suspension and/or i ree to inform the Tax Administrat	nsient occupancy tax from the nalties including, but not line taxes to the Tax Administrate law regarding the operatevocation of the certificate	erson responsible for the of the guests and payment of hited to, the failure to collect ator, for any misrepresentat tion of the hotel location. If any information include	those tax revenues to t and transmit the tax, ions contained in this Those penalties may			
I declare under the	penalty of perjury under the laws	of the State of California tha	at the foregoing is true and	correct.			
Executed this	day of	, 20, in	<u> </u>				
	Signature	Print Your Nam	е				
	-	p - Declaration of Respon					
the taxes to the Ta applicable law regar or revocation of the Tax Administrator of I declare under the p	but not limited to, the failure to cax Administrator, for any misreding the operation of the hotel locertificate. If any information includes those changes within five working penalty of perjury under the laws	presentations contained in cation. Those penalties mauded on this application shong days. of the State of California that	this application, or for ary include, but are not limite buld change, the Partnership at the foregoing is true and o	ny other violations of d to, suspension and/ o agrees to inform the correct.			
Executed this	day of						
	Name of Partnership	, a	State of organization	partnership			
Ву							
Signat	ure of Individual	Print Your Name		Title			
Corporation is respondenced to cocupancy tax from applicable penalties transmit the taxes to applicable law regar or revocation of the Tax Administrator of I declare under the part of th	proporation"), with full power and a possible for the operation of this had the guests and payment of the including, but not limited to, the to the Tax Administrator, for any rading the operation of the hotel locertificate. If any information including those changes within five working the period of period of the laws and the la	otel location. The Corporationse tax revenues to the Tax failure to collect and transminisrepresentations contained acation. Those penalties manuded on this application should be state of California that, 20, in	an officer of	ection of the transient oration is liable for all g the tax, for failure to any other violations of d to, suspension and/n agrees to inform the correct.			
	Name of Corporation	•	state of incorporation				
BySignat	ure of Individual	Print Your Name		 Title			