

TRANSIENT OCCUPANCY TAX REGISTRATION FORM KERN COUNTY TREASURER AND TAX COLLECTOR

Pursuant to Chapter 4.16 of Title 4 of the Kern County Code



The following information requested must be completed in its entirety. Failure to do so is a violation of Section 4.16.060 of the chapter and will be subject to penalties as outlined in Section 4.16.200.

COMPLETION OF THIS FORM IS REQUIRED FOR EACH BUSINESS RENTAL PROPERTY

"If the business is operated by a business entity, the names and addresses of the officers of the entity and the names and addresses of all partners or shareholders holding more than a twenty percent (20%) equity interest in the entity shall be listed on the form. This registration form shall be signed by the owner, if the owner is a natural person, by a member or partner, in the case of an association or partnership, and by an executive officer or some person specifically authorized to act on behalf of a corporation."

PLEASE PRINT OR TYPE

Type of Business (House, Cabin, Hotel, Vacation, etc.): _____ No. of Bedrooms / Units: _____

Business/Identifying Name: _____

Site Address: _____

(Address, City, State, Zip)

Mailing Address (if different than site): _____

(Address, City, State, Zip)

When did you begin to operate the business? (month/day/year) _____

Amount Charged Per Day: _____

If Seasonal Rates Apply: SPRING _____ SUMMER _____ FALL _____ WINTER _____

Amount Charged Weekends/Holidays if different from above: _____

OWNER(S):

LEGAL OWNER'S NAME: _____

LEGAL OWNER'S ADDRESS: _____

LEGAL OWNER'S PHONE: (Home) _____ (Work) _____ (Cell) _____

E-MAIL ADDRESS _____

OPERATOR (IF DIFFERENT THAN OWNER(S)):

OPERATOR'S NAME: _____

OPERATOR'S ADDRESS: _____

OPERATOR'S PHONE: (Home) _____ (Work) _____ (Cell) _____

E-MAIL ADDRESS _____

I declare, under penalty of perjury, that the above information is correct and that any changes made from the information submitted above shall be reported to the Tax Collector within thirty (30) days of that change.

CERTIFICATE NUMBER: _____

(To be assigned by Tax Collector)

Signature/Title

Date Signed