



**Jordan Kaufman**  
Treasurer and Tax Collector  
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Assistant Treasurer and Tax Collector

Office of the Treasurer/Tax Collector  
Pursuant to Chapter 4.16 of Title 4 of the Kern County Code

## TRANSIENT OCCUPANCY TAX REGISTRATION FORM

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 LODGING BUSINESS OR VACATION 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 in 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, Hotel, Cabin, Vacation, etc.): \_\_\_\_\_ Number of Bedrooms/Units \_\_\_\_\_

Business/Identifying Name: \_\_\_\_\_ Federal Tax ID #: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Site Address: \_\_\_\_\_

(Address, City, State, Zip)

Mailing Address (if different than site): \_\_\_\_\_

(Address, City, State, Zip)

When did you begin to operate the business? (MM/DD/YYYY) \_\_\_\_\_

Amount Charged Per Day (do not leave blank) \$ \_\_\_\_\_ Do seasonal rates apply? (Please select)  YES  NO

If yes, please indicate amount: 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) \_\_\_\_\_

Email Address \_\_\_\_\_

### OPERATOR (if different than owner(s) :

Operator's Name: \_\_\_\_\_

Operator's Address: \_\_\_\_\_

Operator's Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email 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.*

### TAX COLLECTOR USE ONLY

Certificate Number: \_\_\_\_\_

New Registration  Account Update

Assessor Tax Number: \_\_\_\_\_

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Date Signed