

AMADOR COUNTY TREASURER - TAX COLLECTOR

810 COURT STREET, JACKSON, CA 95642-2132

MICHAEL E. RYAN, TREASURER-TAX COLLECTOR

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TRANSIENT OCCUPANCY TAX REGISTRATION FOR YEAR 20__

BUSINESS NAME: _____

OWNER'S NAME: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

BUSINESS PHONE: _____

NAME OF MANAGER: _____

TYPE OF BUSINESS ORGANIZATION: ___ INDIVIDUAL ___ PARTNERSHIP ___ CORPORATION

NAME(S) OF OWNER(S), PARTNERS, OR CORPORATE OFFICERS:

1) NAME: _____ TITLE: _____

ADDRESS: _____ PHONE: _____

2) NAME: _____ TITLE: _____

ADDRESS: _____ PHONE: _____

3) NAME: _____ TITLE: _____

ADDRESS: _____ PHONE: _____

HOW LONG HAVE YOU OWNED OR OPERATED THIS BUSINESS? _____

NUMBER OF ROOMS: _____ ARE ROOMS SEASONAL _____ IF YES, WHICH MONTHS? _____

USUAL OCCUPANCY PERCENTAGE DURING SUMMER _____ % SUMMER RATES _____

USUAL OCCUPANCY PERCENTAGE DURING WINTER _____ % WINTER RATES _____

I/We have truthfully given the information, which appears in this Transient Occupancy Tax Registration. I/We have not knowingly concealed or in any way misrepresented the required information. I/We understand the information will be verified. I/We hereby make these representations under penalty of perjury.

Signed this _____ day of _____, 20____, at _____, California

Signature _____ Signature _____