

**County of Marin Transient Occupancy Tax (TOT)
Registration Application**

Short Term Rental (STR) Address

Short Term Rental Location Address:

Street Address (unit/apartment #, if applicable) City, Zip Assessor Parcel Number (APN)

Ownership Information

All persons holding an ownership interest in the property or holding an ownership interest in the entity that owns the property. If more than one, please attach a separate sheet with complete information.

Type of Ownership: (check one) Individual Partnership Corporation Trust

Owner's Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Short Term Rental Information

Business Type: (check one) Hotel Motel Inn Room House Bed & Breakfast Cottage

Business Name: (if applicable) _____

First Collection Month: _____ Number of Occupancy Units: _____

Business License Number: _____

Authorized Agent

Any property manager or other entity or person who has been designated by the owner to act on their behalf. (Property Managers- please complete enrollment form)

Authorized Agent's Name: _____

Mailing Address: _____

Phone No.: _____ Email: _____

Emergency Contact

Per Marin County ordinance 3695 neighbors must be notified with a signage or letter with an emergency contact person. Local Emergency Contact Name: _____

Email: _____ Phone No.: _____

Request signage **or** I will notify my neighbors with a letter **and** complete an affidavit

Disclaimer and Signature Transient Occupancy Tax are reported and paid monthly, submit timely to avoid penalties. Close or change of ownership requires return of certificate, and if applicable, a new application. Any change of mailing address must be reported immediately. By signing this application, the owner/authorized agent agrees to abide by the Short-Term Rental Operating License requirements as stated in County of Marin Ordinance. I certify under penalty of perjury that the above information is true and correct to the best of my knowledge and belief.

Authorized Signature: _____ Title: _____

Print Name: _____ Date: _____

For Official Use Only:

District: _____

Tax Rate Zone: _____

HC Ref. Number: _____

TOT Certificate Number: _____

Certificate Date: _____

Tax Collector Signature: _____