

**COUNTY OF MARIN
TRANSIENT OCCUPANCY TAX – REGISTRATION APPLICATION**

Please print or type:

Owner's Name: _____ Phone: _____

Business Name: _____

Local Street Address: _____

Local City: _____ Local Zip Code: _____

Owner's Mailing Address: _____

Owner's City Address: _____ Owner's Zip Code: _____

Business Type (Check One)

Hotel Motel Inn Room House Bed & Breakfast Cottage

Number of Occupancy Units: _____ Property Parcel Number: _____

First Collection Month Being Reported: _____ Business License Number: _____

Type of Ownership (Check One) Individual Partnership Corporation

Operator's / Agent's Name: _____

Mailing Address: _____

Mailing City: _____ Mailing Zip Code: _____

Contact Name: _____ Phone: _____

AVOID PENALTIES. PAYMENT MUST BE PAID TIMELY AS STATED ON MONTHLY FORM.

I certify under penalty of perjury that the above information is true and correct to the best of my knowledge and belief.

IMPORTANT

Close or change of ownership requires return of certificate, and if applicable, a new application. Any change of mailing address must be reported immediately.

Authorized Signature

For County use only:

CERTIFICATE NUMBER: _____

CERTIFICATE DATE: _____

Received this _____ day of _____, _____

By: _____

TAX COLLECTOR (415) 473-6139

MARIN COUNTY TAX COLLECTOR

P.O. BOX 4220

SAN RAFAEL, CA 94913

Deputy Tax Collector