



# CITY OF SANTA BARBARA

## TRANSIENT OCCUPANCY TAX REGISTRATION

*As supplemental information to your Business License Application, please complete the following:*

Business Name:	
Business Address (include street, city, and zip code):	
Business Telephone Number:	
Mailing Address (include street, city, and zip code of the location where you wish to receive mail from us):	
Contact Person:	Telephone Number:
Number of Transient Units:	Number of Apartment Units:
Number of off-street automobile parking spaces:	

Owner(s) Name:
Home or Office Address (include street, city, and zip code):
Owner(s) Telephone Number:
Federal Taxpayer Identification Number:
Effective date of this registration:

*Questions may be directed to the Finance Department by calling (805) 564-5341.*

Printed or typed name of person completing this form: \_\_\_\_\_

Signature

Date

**Return this form to: City of Santa Barbara, Finance Department, Transient Occupancy Tax, P.O. Box 1990, Santa Barbara, CA 93102-1990. Fax (805) 897-1978**