



For County Use Only  
Cert #: \_\_\_\_\_ Acct #: \_\_\_\_\_

**COUNTY OF PLACER**  
**COUNTY EXECUTIVE OFFICE**  
**REVENUE SERVICES DIVISION**  
10810 Justice Center Drive ▪ Suite 100 ▪ Roseville, CA ▪ 95678  
Phone: (916) 543-3950 ▪ Fax: (916) 543-3910  
Email: [tot@placer.ca.gov](mailto:tot@placer.ca.gov)

**TRANSIENT OCCUPANCY TAX ▪ REGISTRATION CERTIFICATE APPLICATION**

**MAIL, FAX, OR EMAIL COMPLETED, SIGNED COPY TO CONTACT INFORMATION LISTED ABOVE**

1. RENTAL UNIT TYPE

- Home (Code 01)
  - Duplex (Code 02)
  - Triplex (Code 03)
  - Apartment (Code 04)
  - Mobile Home (Code 05)
  - Timeshare (Code 06)
  - Bed & Breakfast (Code 07)
  - Motel (Code 08)
  - Hotel (Code 09)
  - Condomotel (Code 10)
  - Condo (Code 11)
- (Multiple owners on one property operated with resort amenities)*

2. RENTAL DWELLING:    Primary     or      Secondary  
*(If more than one residential unit is located on the property)*

3. \_\_\_\_\_  
Address of Rental                      City                      State                      Zip Code

4. ASSESSOR'S PARCEL NUMBER (APN): \_\_\_\_\_

5. NUMBER OF UNITS AVAILABLE FOR RENT: \_\_\_\_\_  
*Example: If the rental is 1 house, Units=1; if rental is a 10 room hotel, units=10*

**OWNERSHIP INFORMATION**

6. TYPE OF OWNERSHIP (*check one*):
- Individual                       Partnership                       Trust\*
  - Corporation\*                       LLC\*                       Other: \_\_\_\_\_

*\*Attach a copy of the business license, listing of trustees, or article of incorporation*

7. OWNER #1:

\_\_\_\_\_  
Last Name                              First Name                              MI

\_\_\_\_\_  
Mailing Address                      City                              State                              Zip Code

\_\_\_\_\_  
Primary Phone Number                      Secondary Phone Number                      E-mail Address

8. OWNER #2:

\_\_\_\_\_  
Last Name First Name MI

\_\_\_\_\_  
Mailing Address City State Zip Code

\_\_\_\_\_  
Primary Phone Number Secondary Phone Number E-mail Address

*If more than 2 owners, attach a trust listing or list additional owners on a separate page*

**LOCAL CONTACT INFORMATION**

9. \_\_\_\_\_  
Last Name First Name MI

\_\_\_\_\_  
Mailing Address City State Zip Code

\_\_\_\_\_  
Primary Phone Number Secondary Phone Number E-mail Address

*Must reside within 50 miles of property with access and authority to manage the unit*

**TOT CERTIFICATE INFORMATION:**

10. \_\_\_\_\_  
Name of Certificate Holder

Owner or  Agent (Agent must complete rental agent information below if applicable)

**RENTAL AGENT INFORMATION**

11. \_\_\_\_\_  
Name of Agent/ Management Company Federal Tax ID

\_\_\_\_\_  
Mailing Address City State Zip Code

\_\_\_\_\_  
Email Address Primary Phone Number Fax Number

**I certify that the information provided on this application is true and correct and I will abide by the Transient Occupancy Tax Code. <https://www.placer.ca.gov/1429/Transient-Occupancy-Tax-TOT>**

\_\_\_\_\_  
Authorized Signature Date

\_\_\_\_\_  
Print Name TITLE (check one):  Owner  Partner  
 Agent  Trustee

**INCOMPLETE APPLICATIONS MAY BE RETURNED AND WILL DELAY THE ISSUANCE OF A CERTIFICATE. THIS COULD RESULT IN ADDITIONAL PENALTIES AND INTEREST.**