



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

TRANSIENT OCCUPANCY TAX ▪ REGISTRATION CERTIFICATION APPLICATION

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

1. RENTAL UNIT TYPE

- Home (Code 01) Apartment (Code 04) Bed and Breakfast (Code 07) Condotel (Code 10)*
 - Duplex (Code 02) Mobile Home (Code 05) Motel (Code 08) Condo (Code 011)
 - Triplex (Code 03) Timeshare (Code 06) Hotel (Code 09)
- *Multiple owners on one property with resort amenities*

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

3. ADDRESS OF RENTAL

Street Address	City	State	Zip
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4. ASSESSOR'S PARCEL NUMBER (APN) _____

5. NUMBER OF UNITS AVAILABLE FOR RENT _____
(If more than one residential unit is proposed to be used as a short-term rental)

OWNERSHIP INFORMATION

6. TYPE OF OWNERSHIP (Check one):

- Individual Corporation Partnership LLC* Trust
- Other _____

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

7. OWNER #1

Last Name	First Name	MI	
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Mailing Address	City	State	Zip
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Primary Phone #	Secondary Phone #	Email Address
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8. OWNER #2

Last Name	First Name	MI
Mailing Address	City	State Zip
Primary Phone #	Secondary Phone #	Email Address

9. **LOCAL CONTACT INFORMATION**

Must be available by phone 24 hours a day, 7 days per week, and able to be at the property within 30 minutes to 1 hour. The owner can serve as the local contact if they live onsite or in the vicinity.

Last Name	First Name	MI
Mailing Address	City	State Zip
Primary Phone #	Secondary Phone #	Email Address

10. **TOT CERTIFICATE INFORMATION**

Name of Certificate Holder *(Check one box below)*

Owner Agent (Agent must complete property manager contact information below if applicable)

11. **LICENSED PROPERTY MANAGER CONTACT (IF APPLICABLE)**

Last Name	First Name	MI
Mailing Address	City	State Zip
Primary Phone #	Secondary Phone #	Email Address

RENTAL UNIT SUPPLEMENTAL INFORMATION (If applicable per County Code Chapter 9, Article 9.42)

The following information is required to be provided to operate a short-term vacation rental in east Placer County. In addition to the below information, a Safety Self-Certification Form is also required.

12. UNIT SIZE (in square feet) _____

13. GARBAGE SERVICE PROVIDER _____

NUMBER OF RECEPTACLES _____

14. BEAR BOX¹ (Check one) Y N

15. NUMBER OF ONSITE PARKING PLACES² _____

16. NUMBER AND LOCATION OF FIRE EXTINGUISHERS, SMOKE ALARMS, AND CARBON MONOXIDE DETECTORS

17. NUMBER OF BEDROOMS _____

("bedroom" means a room that is a minimum of 70 square feet in size, with a minimum ceiling height of seven (7) feet, and contains an emergency egress per the California Building Code, Section R310)

18. MAXIMUM OVERNIGHT OCCUPANCY _____ Persons

Occupancy for rentals is two (2) persons per bedroom, plus two (2) additional persons per residence, excluding children under sixteen (16) years of age.

¹ Animal-proof trash receptacles ("bear bin/box") per Placer County Code Chapter 8, Article 8.16 are required. A permit will only be renewed if the rental unit has an animal-proof trash receptacle installed.

² If no onsite parking is available, an alternative parking plan may be provided. The alternative parking plan must designate the location of off-site parking and the number of parking spaces should be consistent with the rental unit occupancy. Vehicles associated with the rental parked outside the designated parking areas will be in violation of County Code subject to potential fines and permit suspension/revocation.

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>) and the Short Term Vacation Rental Ordinance (<https://www.placer.ca.gov/6109/Short-Term-Rental-Program>).

Authorized Signature _____ Date _____ Phone Number _____

Print Name _____ Title (check one): Owner Agent
 Partner Trustee

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