



**COUNTY OF PLACER**  
 ADMINISTRATIVE SERVICES DEPARTMENT  
 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)

<i>For County Use Only</i> Cert #: _____ Acct #: _____
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**TRANSIENT OCCUPANCY TAX ▪ REGISTRATION CERTIFICATE APPLICATION**

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

1. RENTAL UNIT TYPE
 

<input type="checkbox"/> Home ( <i>Code 01</i> )	<input type="checkbox"/> Mobile Home ( <i>Code 05</i> )	<input type="checkbox"/> Hotel ( <i>Code 09</i> )
<input type="checkbox"/> Duplex ( <i>Code 02</i> )	<input type="checkbox"/> Timeshare ( <i>Code 06</i> )	<input type="checkbox"/> Condotel ( <i>Code 10</i> )
<input type="checkbox"/> Triplex ( <i>Code 03</i> )	<input type="checkbox"/> Bed & Breakfast ( <i>Code 07</i> )	<i>(Multiple owners on one property operated with resort amenities)</i>
<input type="checkbox"/> Apartment ( <i>Code 04</i> )	<input type="checkbox"/> Motel ( <i>Code 08</i> )	<input type="checkbox"/> Condo ( <i>Code 11</i> )
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*):
 

<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust*
<input type="checkbox"/> Corporation*	<input type="checkbox"/> LLC*	<input type="checkbox"/> 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.**