



CITY OF MOUNTAIN VIEW

Finance and Administrative Services Department

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REGISTRATION APPLICATION—TRANSIENT OCCUPANCY TAX
PLEASE PRINT OR TYPE

CITY USE ONLY

THIS APPLICATION FOR:

- Initial Registration
Change in Ownership
Change in Location
Change in Name

CERTIFICATE NO. _____

DATE ISSUED _____

Name of Hotel, Motel, etc.: _____ Phone: _____

Operator(s): 1. _____
(Name and Title) 2. _____

Business Address: _____
(No., Street, City, State, ZIP Code)

Mailing Address: _____
(If Different)

TYPE OF OWNERSHIP:

- Individual
Partnership
Corporation

TOTAL ROOMS _____

PERCENTAGE OCCUPANCY _____
(From experience)

I declare, under penalty of perjury, that this information is true and correct to the best of my knowledge.

Signed: _____

Title: _____

Date: _____