



# County of Ventura Treasurer-Tax Collector

800 S. Victoria Avenue, Ventura, CA 93009-1290 • Phone Number (805) 654-3727 | Fax (805) 662-6671  
Website: <http://www.venturapropertytax.org>



## Transient Occupancy Registration Application

**INSTRUCTIONS:** This application must be submitted to the Ventura County Tax Collector within 30 days of commencing business and/or when a change is made to this record. Please complete a separate form for each property location. Mail your completed application along with the registration fee of \$122.00 to the address referenced above, ATTN: TOT. Incomplete applications will be returned. If you have any questions regarding this form, please call our office at (805) 654-3727 or email us at [tax.collector@ventura.org](mailto:tax.collector@ventura.org).

Date: \_\_\_\_\_ Start Date of Business: \_\_\_\_\_

New Business:  Yes  No Change of Ownership:  Yes  No

BUSINESS INFORMATION		
Full Legal Name of Business:		
DBA(s), if applicable:		
Location of Business:		
City:	State:	Zip Code:
Facility Type: <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Bed & Breakfast/Inn <input type="checkbox"/> House <input type="checkbox"/> Guest Cottage <input type="checkbox"/> Campground/RV		
Business Telephone Number:		Email Address:
Business Mailing Address (if different than above):		
City:	State:	Zip Code:

OWNER INFORMATION		
Name(s) of Owner(s):		
DBA(s), if applicable:		
Owners Mailing Address:		
City:	State:	Zip Code:
Telephone Number:		Email Address:

OPERATOR/MANAGING AGENT INFORMATION (if different than Owners)		
Operator/Managing Agent Name:		
Operator/Managing Agent Address:		
City:	State:	Zip Code:
Contact Person(s):		
Telephone Number:		Email Address:

By signing this application form I certify under penalty of perjury that all statements are true and correct and I agree to comply with all requirements of the Uniform Transient Occupancy Tax ordinance.

Signature of Applicant: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

FOR TTC USE ONLY		
TOT ID:	APN:	TRA:
Bus License:	Date Cert Issued:	Issued By: