



REGISTRATION FORM UNIFORM TRANSIENT OCCUPANCY TAX

Ordinance No. 1189 (1984) Amended on Nov. 15, 1990

Please print, type, or fill out online.
www.shastacounty.gov/treasurer

COUNTY OF SHASTA
STATE OF CALIFORNIA

CERTIFICATE NO. _____
To be assigned by Tax Collector

DISTRICT NO. _____
To be completed by Tax Collector

MAIL TO: LORI J. SCOTT, Treasurer
ATTN: TOT
P.O. BOX 991830
REDDING CA 96099-1830

BUSINESS NAME: required

OPERATOR'S TITLE: i.e., owner; manager, etc.

SITUS ADDRESS (street) OF SHORT-TERM RENTAL

NAME OF OPERATOR

MAILING ADDRESS OF BUSINESS

OPERATOR'S EMAIL ADDRESS

OPERATOR'S PHONE NUMBER

OPERATOR'S WEBSITE ADDRESS

PARCEL NUMBER: shown on last Shasta County tax bill for this property
(send the legal description if parcel number is not known)

HOW LONG HAVE YOU OPERATED THIS BUSINESS?
(days; months; years)

TYPE OF ORGANIZATION: INDIVIDUAL PARTNERSHIP

CORPORATION OTHER

If "OTHER" please specify below:

OWNER'S NAME

OWNER'S TELEPHONE NUMBER

OWNER'S MAILING ADDRESS

OWNER'S EMAIL ADDRESS

NAME OF PARTNER, IF ANY, AND TITLE

PARTNER'S MAILING ADDRESS

NUMBER OF UNITS AND RESPECTIVE RATES: example: 23 units @ 105.00

 @ \$ @ \$ @ \$ @ \$

TOTAL # OF UNITS:

UNIT TYPE(S): house, motel, cabin, tent, RV site, etc.:

SIGNATURE: _____

DATE: