

UNIFORM TRANSIENT OCCUPANCY TAX REGISTRATION FORM
ORDINANCE NO. 495 AS AMENDED
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA

DATE: _____

CERTIFICATE NO. _____
(To be assigned by the Treasurer/Tax Collector)

PLEASE PRINT OR TYPE

1. Name of Operator and Title: _____
(See Section 2(f) of Ordinance No. 495 as amended for definition of operator)
2. Business Name: _____
3. Business Address: _____
4. Business Phone: () _____
5. Business Mailing Address: _____
6. Assessment Number of last Riverside County Tax Bill covering the business: _____
7. How long have you operated the business? _____
8. Type of Organization: Individual _____ Partnership _____ Corporation _____
Other (Please specify): _____
9. If Operator is not Owner of Business, Complete the following:
Owner: _____
Address: _____
Telephone Number: () _____
10. Names of Partners or Corporation Officers:

(Name)	(Title)	(Address)
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(Name)	(Title)	(Address)
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11. Number of Occupancy Units:
_____ @ \$ _____ _____ @ \$ _____ _____ @ \$ _____ Total No. of Units: _____

12. Percentage of Occupancy (From Experience): _____

13. If item #9 of this form was not completed, the complete legal description of the real property upon which this business is located must be provided: _____

SIGNATURE: _____

TITLE: _____

Return This Registration Form to the Riverside County Treasurer/Tax Collector. Send to:

DON KENT
RIVERSIDE COUNTY TREASURER/TAX COLLECTOR
POST OFFICE BOX 12005
RIVERSIDE, CA 92502-2205
ATTENTION: Transient Occupancy Tax Registration