

## FINANCE AND ADMINISTRATIVE SERVICES DEPARTMENT

500 Castro Street, P.O. Box 7540 Mountain View, CA 94039-7540 650-903-6317 | <u>MountainView.gov</u>

## REGISTRATION APPLICATION—TRANSIENT OCCUPANCY TAX PLEASE PRINT OR TYPE

THIS APPLICATION FOR:	<u>CITY USE ONLY</u>
☐ Initial Registration	CERTIFICATE NO
Change in Ownership	
Change in Location	DATE ISSUED
Change in Name	
ame of Hotel. Motel. etc.:	Phone:
perator(s): 1lame and Title)	
2	
ısiness Address:	
	(No., Street, City, State, ZIP Code)
ailing Address:	
ailing Address: Different)	
ailing Address:	TOTAL ROOMS
Different)	
TYPE OF OWNERSHIP:  Individual	TOTAL ROOMS
TYPE OF OWNERSHIP:  Individual Partnership	PERCENTAGEOCCUPANCY
☐ Individual	TOTAL ROOMS
TYPE OF OWNERSHIP:  Individual Partnership	PERCENTAGEOCCUPANCY
TYPE OF OWNERSHIP:  Individual Partnership Corporation	PERCENTAGEOCCUPANCY
TYPE OF OWNERSHIP:  Individual Partnership Corporation  eclare, under penalty of perjury, that this info	TOTAL ROOMS  PERCENTAGE OCCUPANCY (From experience)  rmation is true and correct to the best of my knowledge.
TYPE OF OWNERSHIP:  Individual Partnership Corporation	PERCENTAGEOCCUPANCY (From experience)

FI-039 (Rev. 07-14-23)