HOME RENTAL SITE
TRANSIENT OCCUPANCY TAX REGISTRATION

The Sacramento County Transient Occupancy Tax ordinance requires certain additional information beyond that which is collected as part of the General Business License process. Please complete the information requested and return this form to: Report and Account Services – TOT, 700 H Street, Room 1710, Sacramento, CA 95814 or by fax to (916) 874-8909.

If you have any questions about this form, the Transient Occupancy Tax, or the Sacramento Tourism Marketing District Assessment, please call us at 916-874-7844.

1. General Business License No. ____________________________
2. Property Management Company:
   Address: _____________________________________________
   _____________________________________________
   _____________________________________________
3. Rental address _______________________________________
   _____________________________________________
4. Parcel Number (if known) _____________________________
5. Property Owner _______________________________________
6. Date operator listed the property for rental
   Name _______________________________________________
   Title _______________________________________________
   Phone No. __________________ Fax No. ___________________
   E-Mail _____________________________________________
7. Additional information required:
   No. of Rooms: Rate:
   __________ @ __________
   __________ @ __________

Prepared by: ________________________________
(Signature)

_______________________________
(Print Name and Title)