



Finance Division
69-825 Highway 111
Rancho Mirage, CA 92270
(760) 770-3207, Ext. 234

Uniform Transient Occupancy Tax

City Ordinance N° 12

☞ Registration Form ☞

DATE

CERTIFICATE #

(to be assigned by Tax Collector)

(Please Print or Type)

BUSINESS ESTABLISHMENT INFORMATION

NAME OF BUSINESS: _____

STREET ADDRESS: _____

TELEPHONE #: _____

MAILING ADDRESS: _____

OPERATOR INFORMATION

NAME OF OPERATOR: _____

(see 3.24.020-C of City Code for definition of operator)

OPERATOR'S TITLE: _____

RESIDENCE ADDRESS: _____

TELEPHONE #: _____

TYPE OF ORGANIZATION:

INDIVIDUAL

PARTNERSHIP

CORPORATION

OTHER _____

HOW LONG HAVE YOU OPERATED THIS BUSINESS? _____

IF OPERATOR IS NOT OWNER OF BUSINESS, COMPLETE THE FOLLOWING:

OWNER: _____

ADDRESS: _____

TELEPHONE #: _____

NAME OF PARTNERS OR CORPORATION OFFICERS:

NAME: _____ TITLE: _____

ADDRESS: _____

NAME: _____ TITLE: _____

ADDRESS: _____

NAME: _____ TITLE: _____

ADDRESS: _____

OCCUPANCY INFORMATION

NUMBER OF OCCUPANCY UNITS:

_____	@	\$ _____	_____	@	\$ _____	_____	@	\$ _____
_____	@	\$ _____	_____	@	\$ _____	_____	@	\$ _____

TOTAL μ OF UNITS _____

PERCENTAGE OF OCCUPANCY (from experience):

27 DAYS OR LESS: _____% 28 DAYS OR MORE: _____% TOTAL OCCUPANCY: _____%

OTHER INFORMATION

ASSESSMENT # OF LAST RIVERSIDE COUNTY TAX BILL COVERING THIS BUSINESS (or complete next question):

IF ASSESSMENT # IS NOT AVAILABLE, THE COMPLETE LEGAL DESCRIPTION OF THE REAL PROPERTY UPON WHICH THIS BUSINESS IS LOCATED MUST BE PROVIDED:

SIGNATURE: _____ TITLE: _____

NAME (please print): _____ DATE: _____