

COUNTY TREASURER & TAX COLLECTOR

P.O. BOX 176, QUINCY, CALIFORNIA 95971 (530)283-6260



REGISTRATION FORM

UNIFORM TRANSIENT OCCUPANCY TAX
ORDINANCE NO. 544
COUNTY OF PLUMAS, STATE OF CALIFORNIA

For Office Use Only:

Issue Date: _____

Eff. Date: _____

Location: _____

Type: _____

DATE _____

CERT.# _____

(To be assigned by Tax Collector)

TO: PLUMAS COUNTY TAX COLLECTOR
P.O. BOX 176
QUINCY, CA. 95971

1. OWNER OF BUSINESS _____

OWNER'S MAILING ADDRESS _____

OWNER'S TELEPHONE NUMBER _____

2. NAME OF BUSINESS ESTABLISHMENT _____

MAILING ADDRESS OF BUSINESS ESTABLISHMENT _____

TELEPHONE NUMBER OF BUSINESS ESTABLISHMENT _____

3. NAME OF OPERATOR _____

(If different from owner-Caution: Please read Ordinance No. 544, Plumas County Code for clarification of Operator's of Operator's responsibilities).

OPERATOR'S TITLE _____

RESIDENCE ADDRESS OF OPERATOR _____

RESIDENCE TELEPHONE OF OPERATOR _____

4. NAME OF RENTAL MANAGER _____

(If different from operator)

5. WHO WILL BE RESPONSIBLE FOR FILING TRANSIENT OCCUPANCY TAX RETURN?

*SEE REVERSE SIDE-ALL INFORMATION REQUESTED ON BOTH SIDES OF
THIS FORM MUST BE PROVIDED.*

6. PARCEL NUMBER, STREET ADDRESS OR LOCATION OF BUSINESS

7. FIRST DATE YOU RENTED THIS UNIT ON A 30 DAY OR LESS BASIS

8. TYPE OF ORGANIZATION: INDIVIDUAL _____ PARTNERSHIP _____ CORP. _____

9. NAMES OF PARTNERS OR CORPORATION OFFICERS:

(name)	(title)	(address)
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(name)	(title)	(address)
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(name)	(title)	(address)
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10. NUMBER OF OCCUPANCY UNITS:

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

11. IF YOU OWNED OR OPERATED THIS RENTAL FOR TWO OR MORE YEARS, PLEASE
COMPLETE THE FOLLOWING TO THE BEST OF YOUR ABILITY.

PERCENTAGE OF OCCUPANCY (FROM EXPERIENCE) _____

PERCENTAGE OF OCCUPANCY 30 DAYS OR LESS _____

PERCENTAGE OF OCCUPANCY 31 DAYS OR MORE _____

TOTAL PERCENTAGE OF OCCUPANCY _____

DATED: _____

SIGNATURE: _____

TITLE: _____