

CHARLES LOMELI
Treasurer-Tax Collector-County Clerk

TREASURER-TAX COLLECTOR-COUNTY CLERK

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DENISE DIX
Assistant Treasurer-Tax Collector-
County Clerk



**SOLANO
COUNTY**

TRANSIENT OCCUPANCY TAX REGISTRATION

Reason for Certificate request: _____

RENTAL PROPERTY INFORMATION

Rental Property Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number (____) _____

Operator Name: _____ Title: _____ Phone Number (____) _____

Assessment Number: _____ First Day of Business: _____

(Assessment Number information is available at <http://www.solanocounty.com/depts/ttcc/onlinetaxinfo.asp>)

Rental Type: _____ Rate per Day: _____ No. of Units Available: _____
(If rate per day varies please attached fee schedule)

OWNERSHIP INFORMATION

Business Type: _____ Describe if Other: _____ Business License Number: _____

If other than individual, please attach copies of any applicable Fictitious Business Name Statements, Partnership Agreements, Trust Documentation or Articles or Incorporation

Business Address (if different then above): _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ Email: _____

1. Business/Property Owner

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ Email: _____

2. Business/Property Owner

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ Email: _____

List additional owners on separate page

I certify that the information provided on this application is true and correct and that I have read and understand the Transient Occupancy Tax Code.

Authorized Signature

Date

Print Name

Title

For County Use Only

Date Received: _____ Certificate No. _____