

**City of Grass Valley**  
**Transient Occupancy Tax Registration**

DATE: \_\_\_\_\_

1. Name of operator \_\_\_\_\_
2. Name of owner \_\_\_\_\_
3. Address of owner \_\_\_\_\_
4. Business Name \_\_\_\_\_
5. Business Address \_\_\_\_\_
6. Business Phone \_\_\_\_\_
7. Residency Address of Operator \_\_\_\_\_
8. Residence Phone of Operator \_\_\_\_\_
9. Mailing Address of Operator \_\_\_\_\_
10. How long have you owned or operated this business \_\_\_\_\_
11. Type of organization; Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corp. \_\_\_\_\_
12. Name 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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13. Data required for review by the tax collector:

Number of Rooms	Rate
_____ @ _____	
_____ @ _____	
_____ @ _____	
_____ @ _____	

Total rooms: \_\_\_\_\_ Percentage of occupancy  
(From experience) \_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_