



305 N. Mt. Shasta Boulevard
Mt. Shasta, California 96067
(530) 926-7510 FAX (530) 926-1342

TRANSIENT OCCUPANCY TAX REGISTRATION FORM

Name of Business _____ Telephone _____

Physical Address _____

Mailing Address (if different) _____
City State Zip

Legal Owner _____ Telephone _____

Address _____

Email address _____

Property Manager Name _____ Telephone _____

Address _____

Number of Units Available _____ City Business License No. _____

Date Business Opened: _____

Number of Units Reserved for Permanent Occupants _____

Number of Units Unavailable or Under Repair _____

Estimated Average Annual Gross Receipts from Room Rentals \$ _____

As the legal owner and/or property manager of the above named business, who receives rents from transients, I apply for registration under the City of Mt. Shasta Municipal Code Chapter 3.12, Section 040. I understand that I hold all taxes collected in trust for the account of the City of Mt. Shasta, and that on or before the last day of the month following the end of each calendar quarter, monthly or weekly, or as ordered by the City Tax Administrator, I am required to make a report of gross rents received and remit the full amount of the tax collected. Furthermore, I understand that I am required to maintain records to substantiate these reports for three (3) years and make them available to the City Finance Director/City Tax Administrator for examination at all reasonable times.

Legal Owner Signature _____ Date _____

Property Manager Signature _____ Date _____

Email Address _____

Property Owner (if applicable) _____