

# COUNTY OF TRINITY

## TRANSIENT OCCUPANCY TAX REGISTRATION APPLICATION

Trinity County Treasurer-Tax Collector  
P. O. Box 1297  
Weaverville, CA 96093-1297  
(530) 623-1251

<b><u>FOR COUNTY USE ONLY</u></b>
CERTIFICATE NO. _____
DATE ISSUED _____

**IMPORTANT: CHANGE OF OPERATOR OR OWNER(S) REQUIRES A NEW APPLICATION**

**PLEASE PRINT or TYPE**

Firm Name \_\_\_\_\_ Phone: \_\_\_\_\_  
Physical Location \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Type of Business (Please check all that apply and complete the # of Units):**

- Hotel       Motel       Cabin       Campground       RV       Rooming House  
 Bed and Breakfast       House       Fishing Cabin

No. of Occupancy Units \_\_\_\_\_

**TYPE OF OWNERSHIP (Please check one):**

- Individual       Partnership       Corporation

**OWNER(S)**  
(list principals)

NAME	TITLE	HOME ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Operator or Manager's Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person completing this form