COUNTY OF TRINITY
TRANSIENT OCCUPANCY TAX REGISTRATION APPLICATION

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

FOR COUNTY USE ONLY
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):

[ ]Bed and Breakfast [ ]House [ ]Fishing Cabin

No. of Occupancy Units ________

TYPE OF OWNERSHIP (Please check one):

[ ]Individual [ ]Partnership [ ]Corporation

OWNER(S)
(list principals)

<table>
<thead>
<tr>
<th>NAME</th>
<th>TITLE</th>
<th>HOME ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Operator or Manager’s Name ________________________________
Address _____________________________________________ Phone #: _______________________

Date __________________________ Signature of person completing this form

Trinity County Website