



CITY OF RIO VISTA

STATE OF CALIFORNIA

Transient Occupancy Tax Registration Certificate

IMPORTANT

**Change of Operator requires a
New Application**

FOR CITY USE ONLY

CERTIFICATE NO. _____

DATE ISSUED. _____

PLEASE PRINT OR TYPE :

Firm Name: _____

Phone Number: _____

Local Address: _____

Zip Code: _____

Mailing Address: _____
(if different than above)

Zip Code: _____

Type of Business (✓): Hotel _____ Motel _____ Rooming House _____ Campgrounds _____ Cabins _____

Number of Occupancy Units _____ Number of Camp Spaces _____ Number of Tent Spaces _____

Type of Ownership (✓): Individual _____ Partnership _____ Corporation _____

| OWNER(S) NAME (List Principals) President, Vice President, Secretary, Treasurer | Mailing Addresses or Contact Numbers |
|--|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Operator or Manager's Name _____

(Operator or Manager's Signature)

Operator's Contact Information _____

(Date)

FOR CITY USE ONLY

(Authorized City Signature)

(Date)