



**CITY OF GOLETA
FINANCE DEPARTMENT
130 CREMONA DRIVE, SUITE B
GOLETA, CA 93117**

**TRANSIENT OCCUPANCY TAX
APPLICATION FOR CERTIFICATE REGISTRATION**

(Title 3 of Chapter 6)

Owner(s) (Operator) _____

Business Name _____

Business Address _____ Phone (____) _____

Residence Address _____ Phone (____) _____

E-mail Address: _____ Website: _____

Mailing Address (if different from Business) _____

How long have you owned or operated this business? _____ Years _____ Months Number of Rental Units: _____

Please check type of organization:

Sole Proprietorship Partnership Corporation Other (specify) _____

Names of partners or corporate officers:

Name

Name

Name

If the owner is not the proprietor, please furnish the following information:

Name of Managing Agent (Operator) _____

Address _____

Phone (____) _____ FAX (____) _____

I (we) certify that the above is true and correct, under penalty of perjury. I (we) acknowledge that the transient occupancy taxes (currently ten percent of the rent charged) are trust funds due the City of Goleta. All taxes collected will be kept in trust and not commingled with other monies. I (we) are aware the Tax Collector has established that rents will be reported, and taxes remitted, to the Tax Collector on a monthly basis (due postmarked by the last day of the month after collection). Operators are responsible for payment of the taxes, any late penalties, and interest.

Signed _____ Title _____ Date ____ / ____ / ____

Signed _____ Title _____ Date ____ / ____ / ____