

CHARLES LOMELI  
Treasurer-Tax Collector-County Clerk

TREASURER-TAX COLLECTOR-COUNTY CLERK

LORI BUTLER-SLAPPY  
Tax Collections Manager

MICHAEL COOPER  
Assistant Treasurer-Tax Collector-  
County Clerk



SOLANO  
COUNTY

DENISE TOLSON  
County Clerk Manager

ttccc@solanocounty.com  
www.solanocounty.com

675 Texas Street, Suite 1900  
Fairfield, CA 94533-6342  
(707) 784-7485  
Fax (707) 784-6311

TRANSIENT OCCUPANCY TAX REGISTRATION

Reason for Certificate request: \_\_\_\_\_

RENTAL PROPERTY INFORMATION

Rental Property Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Operator Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Assessment Number: \_\_\_\_\_ First Day of Business: \_\_\_\_\_

(Assessment Number information is available at <http://www.solanocounty.com/depts/ttcc/onlinetaxinfo.asp>)

Rental Type: \_\_\_\_\_ Rate per Day: \_\_\_\_\_ No. of Units Available: \_\_\_\_\_  
(If rate per day varies please attached fee schedule)

OWNERSHIP INFORMATION

Business Type: \_\_\_\_\_ Describe if Other: \_\_\_\_\_ Business License Number: \_\_\_\_\_

*If other than individual, please attach copies of any applicable Fictitious Business Name Statements, Partnership Agreements, Trust Documentation or Articles or Incorporation*

Business Address (if different then above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

1. Business/Property Owner

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

2. Business/Property Owner

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

*List additional owners on separate page*

I certify that the information provided on this application is true and correct and that I have read and understand the Transient Occupancy Tax Code.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

For County Use Only

Date Received: \_\_\_\_\_ Certificate No. \_\_\_\_\_