

COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR

TRANSIENT OCCUPANCY TAX (TOT) **APPLICATION FOR REGISTRATION CERTIFICATE**

Board of Supervisors HILDA L. SOLIS First District HOLLY J. MITCHELL **Second District** LINDSEY P. HORVATH Third District JANICE HAHN Fourth District KATHRYN BARGER Fifth District

TREASURER AND TAX COLLECTOR

Business Information									
Busii	ness Name								
	g Business As olicable)								
	erty Address								
Type of Transient Occupancy Property (check one)									
	Residence (Short-Term Rental)	Number of maximum occupants:							
	Hotel/Motel	Operating a hotel/motel requires a County of Los Angeles Business License. To inquire, please contact the Business License Section (see page 2).							
	Boarding House	Operating a boarding house requires a County of Los Angeles Business License. To inquire, please contact the Business License Section (see page 2).							
<u>Own</u>	er Information								
Owne	er Name								
	ng Address erent from business)								
Email Address			Phone Nui	mber					
Certi	fication								
above the pr	is true and correct; th ocedures for remitting	at I have re such tax to	Ity of perjury under the laws of the Staviewed all the requirements regarding the County each month; that I have a regulations, including building and he	g renting all neces	to transients; that I understand sary rights to rent my space; and				
Signa	ature of Owner			Date					

Please return this application to:

LOS ANGELES COUNTY TREASURER AND TAX COLLECTOR **500 W TEMPLE STREET, ROOM 462** LOS ANGELES, CA 90012

ATTN: MISCELLANEOUS REVENUE UNIT

CONTACT INFORMATION

Business License Section

Tel. No: (213) 974-2011

Email: <u>businesslicense@ttc.lacounty.gov</u>
Website: <u>ttc.lacounty.gov/business-license-general-information/</u>

Transient Occupancy Tax Unit

Tel. No: (213) 893-7984 Email: TOT@ttc.lacounty.gov Website: ttc.lacounty.gov/tot/

Received b	by / Date:	ection ap	proval is regu	ulus al fa u II s					FOR TTC USE ONLY											
☐ Appro				uirea for HC	otel/Motel a	and Boarding Ho	ouse													
	roved Bu	Business License Account No.																		
☐ Denie	ied Re	eason																		
Received b	by / Date:		iscellaneous □ Yes □ No		nit us Owner:															
Change of Ownership: Approved Location		• •	Tes Livo Previous Owner.		1	Account No.														
□ Denie	-	eason					710000111110	• 1												
Processed by / Date: R			Reviewed	by / Date:		Approved by / Date:														

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