



**OFFICE OF TREASURER-TAX COLLECTOR
CALAVERAS COUNTY**

GOVERNMENT CENTER
891 MOUNTAIN RANCH ROAD
SAN ANDREAS, CA. 95249-9709
(209) 754-6350

BARBARA SULLIVAN, TREASURER-TAX COLLECTOR

Application For Certificate Registration Under Uniform
Transient Occupancy Tax Ordinance No. 324

(Please Print Legibly or Type)

Date: _____

Owner(s): _____

Owner Residence Address _____ City _____ State _____ Zip _____

Owner Mailing Address _____ City _____ State _____ Zip _____

Residence Phone _____

Business Name: _____

Business Street Address _____ City _____ State _____ Zip _____

Business Mailing Address _____ City _____ State _____ Zip _____

Business Phone _____

Manager, other than owner: _____

Mgr Residence Street Address _____ City _____ State _____ Zip _____

Manager Mailing Address _____ City _____ State _____ Zip _____

Manager Phone _____

Type of Organization: Individual Partnership Corporation
 Other (specify) _____

Names of partners or corporation officers:

Name Title Address (City / State / Zip)

Name Title Address (City / State / Zip)

Name Title Address (City / State / Zip)

Number of occupancy units: _____

Signed _____

Title _____

For Official Use Only
Account # _____