



# COUNTY OF SAN BERNARDINO TAX COLLECTOR

172 W. Third Street, First Floor San Bernardino, CA 92415

Application for Certificate

Registration pursuant to County Code § 14.0203 - Uniform Transient Occupancy Tax

1. OWNER \_\_\_\_\_

2. BUSINESS NAME \_\_\_\_\_

3. BUSINESS ADDRESS \_\_\_\_\_

4. MAILING ADDRESS \_\_\_\_\_

5. PHONE NUMBER \_\_\_\_\_

6. HOW LONG HAVE YOU OWNED OR OPERATED THIS BUSINESS? \_\_\_\_\_

7. TYPE OF ORGANIZATION:

INDIVIDUAL \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_

CORPORATION \_\_\_\_\_

If CORP, list State of Incorporation & Articles # \_\_\_\_\_

8. NAMES OF PARTNERS OR CORPORATION OFFICERS:

NAME	TITLE	ADDRESS
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NAME	TITLE	ADDRESS
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NAME	TITLE	ADDRESS
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9. NUMBER OF OCCUPANCY UNITS \_\_\_\_\_

10. IF OWNER DOES NOT OPERATE BUSINESS, PLEASE STATE NAME, ADDRESS AND TELEPHONE  
NUMBER OF OPERATOR OR MANAGING AGENT WHO OPERATES BUSINESS.

\_\_\_\_\_  
\_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

SIGNED \_\_\_\_\_