



CITY OF ALISO VIEJO
APPLICATION FOR TRANSIENT OCCUPANCY TAX
REGISTRATION CERTIFICATE

Date _____

1. Name of Business: _____ Phone: _____
2. Address of Business: _____
3. Manager's Name: _____
4. Management Firm: (if applicable) Name _____
Address: _____ Phone: _____
5. Location of Accounting Records: _____
6. Owner's/Corp. Name: _____
7. Owner's/Corp. Home Address: _____
8. DBA: _____
9. Corp. President: (if applicable) _____

I have received the following: (Y/N)

1. _____ Copy of Transient Occupancy Tax Ordinance
2. _____ Transient Occupancy Tax Return Form
3. _____ Exemption from Transient Occupancy Tax Form

I declare under penalty of perjury that this application is made by me, that I am authorized to make such application, and that to the best of my knowledge and belief it is true, correct and complete application made in good faith for the above mentioned, pursuant to the provisions of the Code of the City of Aliso Viejo, California.

Signature _____

Printed Name _____

Title _____

OFFICE USE ONLY

Received by _____

T.O.T. Reg. Cert. # _____ Issued (Date) _____ By _____