## COUNTY OF TRINITY TRANSIENT OCCUPANCY TAX REGISTRATION APPLICATION

Trinity County Treasurer-Tax Collector P. O. Box 1297 Weaverville, CA 96093-1297 (530) 623-1251

CERTIFICATE NO.\_\_

DATE ISSUED\_

## IMPORTANT: CHANGE OF OPERATOR OR OWNER(S) REQUIRES A NEW APPLICATION

		PLEASE F	PRINT or TYPE		
Firm Name			Pho	Phone:	
Physical Locaation_					
Mailing Address			Zip Code:		
Ту	pe of Business(	Please check all	that apply and complete	e the # of Units	5):
Hotel	Motel	Cabin	Campground	RV	Rooming House
Bed a	nd Breakfast	House	Fishing Cabin		
No. of Occupancy L	Inits				
	TYI		HIP (Please check one):		
	Individ	ual	]Partnership	rporation	
			OWNER(S) (list principals)		
NAME			TITLE		HOME ADDRESS
Operator or Mana	ger's Name				
Date			Signature of person co	mpleting this form	n