OFFICE OF TREASURER-TAX COLLECTOR
CALAVERAS COUNTY
GOVERNMENT CENTER
891 MOUNTAIN RANCH ROAD
SAN ANDREAS, CA. 95249-9709
(209) 754-6350

LYNETTE NORFOLK, 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)

Number of occupancy units: _____

Seasonal Rental: ☐ No ☐ Yes - If yes, which months? _____

Signed _____

Title _____

For Official Use Only

Account #_____