



CITY OF BENICIA

Transient Occupancy Tax Registration Form

Please type or print completing all sections, sign, and return to
Community Development Department, 250 East L Street, Benicia, CA 94510

Listing Name: _____ **Phone #:** _____

Accessor Parcel Number: _____ **Cell #:** _____

Physical Address: _____

Mailing Address: _____

Website: _____ **Email:** _____

<p>Type of Establishment (circle one):</p> <p>Hotel Motel Inn</p> <p>Hosted Short-Term Rental</p> <p>Non-Hosted Short-Term Rental</p> <p>Advertising Platforms:</p> <p style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Airbnb <input type="checkbox"/> VRBO <input type="checkbox"/> HomeAway <input type="checkbox"/> FlipKey <input type="checkbox"/> TripAdvisor <input type="checkbox"/> Other _____ </p>	<p>Rental Information:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"></td> <td style="width: 15%; text-align: center;">Low</td> <td style="width: 15%; text-align: center;">High</td> </tr> <tr> <td>Rate Per Night</td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> </tr> <tr> <td>Number of Sleeping Rooms</td> <td colspan="2" style="border: 1px solid black; width: 80px; height: 20px;"></td> </tr> <tr> <td>Number of Rentable Units (single family dwellings=1)</td> <td colspan="2" style="border: 1px solid black; width: 80px; height: 20px;"></td> </tr> </table>		Low	High	Rate Per Night			Number of Sleeping Rooms			Number of Rentable Units (single family dwellings=1)		
	Low	High											
Rate Per Night													
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Date of Initial Rental: _____ **Accounting records maintained on premises?** Yes / No

If not, indicate where records may be examined?

Name: _____ **Email:** _____

Address: _____

Type of Ownership (Circle One): Individual Limited Liability Company
 Partnership Corporation

Owner(s) Name(s): (list principals: President, Vice President, Secretary, Treasurer)

Name	Title	Address	Zip Code:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Note: If owner does NOT operate business, please provide the following information:

Name of Manager/Operator: _____ **Cell #:** _____

Address: _____

Signature (of person completing this form) **Title** **Date**