



**City of Grass Valley**  
**Transient Occupancy Tax Registration**

DATE: \_\_\_\_\_

1. Name of Operator \_\_\_\_\_

2. Name of Owner \_\_\_\_\_

3. Address of Owner \_\_\_\_\_

4. Business Name \_\_\_\_\_

5. Business Address \_\_\_\_\_

6. Business Phone \_\_\_\_\_

7. Residency Address of Operator \_\_\_\_\_

8. Residence Phone of Operator \_\_\_\_\_

9. Mailing Address of Operator \_\_\_\_\_

10. How long have you owned or operated this business \_\_\_\_\_

11. Type of organization; Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corp. \_\_\_\_\_

12. Name of partners or corporation officers:

\_\_\_\_\_  
Name Title Address

\_\_\_\_\_  
Name Title Address

\_\_\_\_\_  
Name Title Address

13. Data required for review by the tax collector:

Number of Rooms		Rate
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____

Total rooms: \_\_\_\_\_ Percentage of occupancy  
(From experience) \_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_