

PRINT NAME

SIGNATURE

141 N. Glen dale Ave., Suite 346 Glen dale, CA 91206-4975 Tel. (818) 548-2085 Fax (818) 956-3286 glen daleca.gov

Application for Transient Occupancy Registration Certificate			For Office Use Only Certificate No.:
			Date Processed:
REGISTRATION INFORMATION	REGISTRATION TYPE New Registration Account Update	CERTIFICATE TYPE Hotel/Motel/etc.	Other:
	NAME OF HOTEL/MOTEL/ETC.		
	ADDRESS		SUITE#
	CITY	STATE	ZIP CODE
PROPERTY NFORMATION	NUMBER OF ROOMS	WEBSITE ADDRESS	
in Onwarion	PHONE NO.	ALT. PHONE NO.	
	() MAILING ADDRESS (If different from above)	()	APT./SUITE #
	CITY	STATE	ZIP CODE
	OPERATOR NAME		
OPERATOR	ADDRESS	9	SUITE#
INFORMATION	CITY	STATE	ZIP CODE
	PHONE NO.	ALT. PHONE NO.	
	EMAIL ADDRESS	()	
	OWNER NAME		
	ADDRESS		SUITE #
OWNER INFORMATION	CITY	STATE	ZIP CODE
	PHONE NO.	ALT. PHONE NO.	
	() EMAIL ADDRESS	()	
Fransient Occupan	cy Registration Certificate signifies that the person named on the face hereof has f ax Administrator for the purpose of collecting from transients the transient occupan	ulfilled the requirements of the Trans	sient Occupancy Tax Ordinance of the City of Glen

TITLE

DATE