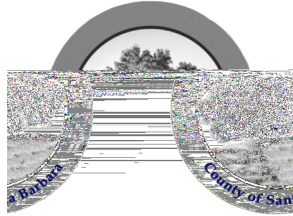


BERNICE JAMES
Treasurer – Tax Collector
Public Administrator – Public Guardian

Harry E. Hagen, CPA
Assistant Treasurer – Tax Collector
Public Administrator – Public Guardian

Kim Tesoro, CPA
Treasury Finance Chief



Finance and Administration

105 E. Anapamu St, Room 109
Santa Barbara, CA 93101
Telephone (805) 568-2927
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Mailing Address: PO Box 579
Santa Barbara, CA 93102

**TRANSIENT OCCUPANCY TAX
APPLICATION FOR CERTIFICATE REGISTRATION**
(Santa Barbara County Code Chapter 32, Article II, Section 32-14)

Owner(s)/Operator(s) _____ Email _____

Business Name _____ Phone # _____

Mailing Address _____ Fax # _____

How long have you owned or operated this business? _____ Number of Rental Units _____

Addresses of all Vacation Rental Units in the Unincorporated Areas of SB County (attach a list, if more space is required):

Please Indicate Type of Organization:

___ Sole Proprietorship ___ Partnership ___ Corporation _____ Other (Specify)

Names of Partners or Corporate Officers:

Name Title Address

Name Title Address

Name Title Address

If the owner is not the proprietor, please furnish the following information:

Name of Managing Agent

Operator _____ Address _____

Telephone _____ Fax _____ Email _____

I (we) certify that the above is true and correct, under penalty of perjury. I (we) acknowledge that the transient occupancy taxes (currently ten percent of the rent charged) are trust funds due the County of Santa Barbara. All taxes collected will be kept in trust and not commingled with other monies. I (we) am aware the Tax Collector has established that rents will be reported and taxes remitted, to the Tax Collector on a monthly basis (due postmarked prior to the last date of the month after collection). Operators are responsible for payment of the taxes, any late penalties, and interest.

Signed _____ Title _____ Date _____

Signed _____ Title _____ Date _____