

**COUNTY OF LAKE
TRANSIENT OCCUPANCY TAX AND
TOURISM IMPROVEMENT DISTRICT REGISTRATION FORM**



This form must be filed with the Lake County Tax Collector's Office prior commencing business and / or when a change is made to this record. Complete this form exactly as you wish to register.

Business Name: _____
DBA: _____
Owner: _____ Title: _____

Business Location: _____
City: _____ Within City Limits: Y/N Zip Code: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: (____) _____ Alternate Phone Number (____) _____
Email: _____
Website: _____

Property Management Company (if applicable): _____
Contact: _____ Phone Number: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____

How long have you owned or operated this business (Date)? _____
Type of Organization: _____ Individual _____ Partnership _____ Corporation
Name of Partners or Corporate Officers:
Name: _____ Title: _____
Address: _____
Name: _____ Title: _____
Address: _____

Data Required for Review by the Tax Collector:
Number of Rooms: _____ Rate: _____

Accounting Records are Maintained:
_____ On premises _____ Elsewhere: _____

If you wish to file online and DO NOT want to receive a paper return form, please check paperless below. If you would like to receive paper return forms, please check mail returns.
_____ Paperless _____ Mail Returns

Signature: _____ Date: _____

Return this registration form to the Lake County Tax Collector.

**Lake County Tax Collector
255 N Forbes St Rm 215
Lakeport, CA 95453**