City of Hesperia
Finance Division
9700 Seventh Avenue
Hesperia, CA 92345
(760) 947-1000

REGISTRATION FORM

HOTEL TRANSIENT OCCUPANCY TAX

CODE SECTION 3.10.040
APPLICATION FEE: $10.00

DATE: _____

To: City of Hesperia
Finance Division
9700 Seventh Street
Hesperia, CA 92345

1. **Name of Business Establishment:** _____

   Parcel Number, Street Address or Location of Business: _____

   _____

   Mailing Address of Business Establishment: _____

   Telephone Number of Business Establishment: _____

2. **Owner of Business:** _____

   Owner's Mailing Address: _____

   Owner's Telephone Number: _____

   How long have you owned or operated this business? _____

   Type of Organization: ___ **Individual** ___ **Corporation** ___ **Partnership** ___ **Other:**

   If other, please explain: _____

   Names of Partners or Corporate Officers (if different):

Name	Title	Address

SEE REVERSE SIDE
ALL INFORMATION REQUESTED ON BOTH SIDES OF THIS FORM MUST BE PROVIDED

3. **Name of Business Establishment:** _____

   Mailing Address of Business Establishment: _____

   Telephone Number of Business Establishment: _____

4. **Name of Operator/Manager:** _____

   Operator's/Manager's Title: _____

   Operator's/Manager's Telephone: _____

5. **Person responsible for filing Transient Occupancy Tax Return:** _____

6. **Number of Occupancy Units:**

_____ @ $ _____		_____ @ $ _____	
_____ @ $ _____		_____ @ $ _____	
_____ @ $ _____		_____ @ $ _____	
_____ @ $ _____		_____ @ $ _____	
_____ @ $ _____		_____ @ $ _____	

7. **If you owned or operated this rental establishment for two or more years, please complete the following to the best of your ability:**

   Percentage of Occupancy (From Experience): _____

   Percentage of Occupancy 30 day or Less: _____

   Percentage of Occupancy 31 Days or More: _____

   Signature: _____ Date: _____

   Title: _____