Print Form

Registration Form
Transient Occupancy Tax

www.sanjoseca.gov

CITY OF SAN JOSE
CAPITAL OF SILICON VALLEY

BUSINESS NAME (Max. 30 Characters)	NAME OF BUSINESS OWNER (COMPLETE ONE) PERSON'S NAME _____ CORPORATE NAME _____ PARTNERSHIP NAME _____ TRUST NAME _____
BUSINESS ADDRESS (No PO Box or Mail Drop Addresses) CITY STATE ZIP	TYPE OF OWNERSHIP (SELECT ONE) ◯ SOLE PROPRIETOR ◯ LIMITED LIABILITY CO ◯ PARTNERSHIP ◯ TRUST ◯ CORPORATION ◯ OTHER_____
MAIL ADDRESS (IF DIFFERENT FROM ABOVE) CITY STATE ZIP	TOTAL ROOMS
BUSINESS PHONE / START DATE IN SAN JOSÉ	PERCENTAGE OCCUPANCY (FROM EXPERIENCE)
FEDERAL/STATE IDENTIFICATION NO.	SOCIAL SECURITY NO.

PRINCIPAL OWNER

NAME _____

RESIDENCE ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

DAY TIME PHONE NO. _____ FAX NO. _____

CELL PHONE NO. _____ RESIDENCE PHONE NO. _____

ADDITIONAL OWNER / AGENT OF SERVICE

NAME _____

RESIDENCE ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

DAY TIME PHONE NO. _____ FAX NO. _____

CELL PHONE NO. _____ RESIDENCE PHONE NO. _____

I declare, under penalty of perjury, that the information contained herein is true and correct to the best of my knowledge.

DATE _____ SIGNATURE _____ PRINT NAME & POSITION WITH COMPANY _____

City of San José – Finance
Attn: Revenue Management- Transient Occupancy Tax
200 E. Santa Clara St., 13 th Fl Tower,
San José, CA 95113-1905

www.sanjoseca.gov
Phone: (408) 535-7055