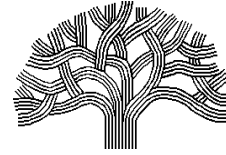


CITY OF OAKLAND



150 FRANK H. OGAWA PLAZA, SUITE 8333 • OAKLAND , CALIFORNIA 94612

Finance & Management Agency
Tax Compliance Section
www.oaklandnet.com

PHONE (510) 238-7474
FAX (510) 238-6092
TDD (510) 839-6451

TRANSIENT OCCUPANCY TAX REGISTRATION FORM

NOTE: Please return to the above address for processing

CERTIFICATE #: OAKLAND BUSINESS TAX CERTIFICATE #:
(FOR OFFICE USE ONLY)

Name of Hotel / Motel Etc.:

Doing Business As:

Hotel/Motel Address:

Operator's Name: Operator's Title:

Business Start Date: Number of Lodging Rooms:

Ownership Type (Check one): Sole Proprietor Partnership Corporation LLC Limited Partnership Other

Owner Name(s): First Name Middle Initial Last Name Title

(List all partners (1)

and/or all principal (2)

officers) (3)

Business Phone: Federal ID #:

Owner's Mailing Address:

This Registration Form should be signed by the Operator, as defined in Chapter 4.24.020 of the OMC. The Operator is responsible for collection and payment of tax (Chapter 4.24.050).

I declare under penalty of perjury that to my knowledge all information contained in this statement is true and correct.

Signed: Title: Date:

EXEMPTION

This section to be completed only by those operators claiming exemption from tax on the basis of renting to permanent guests only. CLAIM FOR EXEMPTION MUST BE NOTARIZED.

I do hereby claim exemption from Transient Occupancy Tax on the basis that no lodging accommodations at the

(Name of Hotel, Motel, Etc.)

are rented to transient persons, as defined in Oakland Municipal code, Chapter 4.24.020

Signature: