



UNIFORM TRANSIENT OCCUPANCY TAX REGISTRATION FORM
City of Desert Hot Springs, County of Riverside, State of California

DATE: _____

PLEASE PRINT OR TYPE

1. Name of Operator and Title: _____

2. Business Name: _____ Tax ID No: _____

3. Business Address: _____

4. Business Phone: () _____

5. Business Mailing Address: _____

6. Assessment Number of last Riverside County Tax Bill covering the business: _____

7. How long have you operated the business? _____

8. Type of Organization: Individual _____ Partnership _____ Corporation _____

Other (Please specify): _____

9. If Operator is not Owner of Business, Complete the following:

Owner: _____

Address: _____

Telephone Number: () _____

10. Names of All Partners or Corporation Officers (use separate sheet if necessary):

(Name) (Title) (Address) _____

(Name) (Title) (Address) _____

11. Number of Occupancy Units:

_____ @ \$ _____ ; _____ @ \$ _____ ; _____ @ \$ _____ Total No. of Units: _____

12. Percentage of Occupancy (From Experience): _____

13. If item #9 of this form was not completed, the complete legal description of the real property upon which this business is located must be provided: _____

SIGNATURE: _____

TITLE: _____

Return This Registration Form to the City's Finance Department. Send to:

City of Desert Hot Springs

Finance Department

65950 Pierson Blvd, California 92240

ATTENTION: Transient Occupancy Tax Registration

For Questions Regarding the Transient Occupancy Tax Registration, Contact the City at (760) 329-6411 x249