

CITY OF PINOLE

Application for Transient Occupancy Registration Certificate

REGISTRATION INF	ORMATION	
Registration Type:	□ New Registration	Effective Date
	□ Account Update	Existing Certificate Number
Contidents Town		Business License Number
Certificate Type:		
□ Hotel/Motel/B&B		□ Management Company
☐ Recreation Vehicle Park or Campground		☐ Online Hosting Platform
□ Vacation Rental		☐ Other, Explain:
OPERATOR INFORM	IATION	□ Mailing Address
Operator Name		Contact Name
Mailing Address		City, State, Zip
Phone No.		Email Address
PROPERTY INFORM	IATION	□ Mailing Address
Property Name		Contact Name
Address		City, State, Zip
Number of Rooms/Units		Phone No.
Email Address		Fax No
OWNER INFORMAT	ION	□ Mailing Address
☐ Same Information as O	Operator	Operator Name
Mailing Address		City, State, Zip
Phone No.		Email Address
I declare under penalty of best of my knowledge.	of perjury, that the informatio	n contained herein is true and correct to the
Signature		Pate
Printed Name		Title

Application for Transient Occupancy Registration Certificate INSTRUCTIONS

Pursuant to Pinole Municipal Code 3.24.050 (Ord. 489), Operators renting occupancy to transients shall register with the Tax Administrator and obtain a "Transient Occupancy Registration Certificate" within thirty (30) days after commencing business. The certificate is to be posted at all times in a conspicuous place on the premises.

Completed applications must be signed, dated, and mailed to:

City of Pinole
Finance Department – Tax Administrator
2131 Pear Street
Pinole, CA 94564

Completed applications can also be sent via email to: finance@ci.pinole.ca.us

A Transient Occupancy Registration Certificate will be sent to the Operator within 14 days of receipt of application.

- **Registration Type** must be selected to indicate whether applicant is applying for a new certificate or updating information on an existing certificate.
- Existing Certificate Number must be provided for account updates.
- Certificate Type must be selected by each applicant. Please select the type that most accurately describes your organization:
 - o **Hotel/Motel/B&B** are lodging facilities operating as a hotel, motel, or bed and breakfast.
 - o **Recreational Vehicle Park or Campground** is a facility operating as a recreational vehicle park or campground.
 - o **Vacation Rental** is a fully furnished property, such as a condominium, townhome or single-family style home rented by a Transient for a designated period of time.
 - o **Management Company** is a managing agent, such as a Vacation Rental Management Company.
 - o **Online Hosting Platform** is an organization renting rooms to the public via the internet.
 - Other shall be selected for an organization that does not match any of the certificate types above. Describe the type of certificate requested in the field provided.
- **Operator Information** must be completed for all certificate types. Operator is the Person and/or Entity collecting and/or remitting tax to the City.
- **Property Information** must be completed for certificate types: Hotel/Motel/B&B, Recreational Vehicle Park or Campground and Vacation Rental.
- Owner Information must be completed for all certificate types.
- Mailing Address (choose one only) must be selected indicating the preferred address for all
 correspondence.