



City of Kerman
Finance Department
Transient Occupancy Tax Registration Form

Business Establishment

Name of Business Establishment

Service Address

Mailing Address

City, State, Zip

Phone Number

Operator

Name and Title of Operator

Mailing Address of Operator

City, State, Zip

Phone Number of Operator

Approximate Opening Date

If Operator is not owner, complete the following

Name of Owner

Address of Owner

City, State, Zip

Phone Number of Owner

Individual

Partnership

Corporation

Name and Addresses of Partners or Corporation Officers

1 Name

Title

Address

City, State, Zip

2 Name

Title

Address

City, State, Zip

3 Name

Title

Address

City, State, Zip

Occupancy

Total Number of Units _____

Percentage of Occupancy: (Based upon last calendar year experience)

Percentage of Occupancy _____

Signature

Date

Title

Signature

Date

Title

Signature

Date

Title