



TRANSIENT OCCUPANCY TAX REGISTRATION FORM

City of Sunnyvale
Department of Finance
650 West Olive Avenue
Sunnyvale, CA 94086
Phone (408) 730-7380
Facsimile (408) 737-4950

REGISTRATION TYPE: New Registration Account Update

Name of Business: _____
Hotel, Inn, Motel, or Short-term Rental

Street Address: _____

Mailing Address: _____

Name of Operator: _____

Telephone: () _____ Email: _____

Please indicate name and address where all correspondence (including legal correspondence) should be sent:

Type of Ownership:

Corporation Ltd Liability Co Sole Proprietor Partnership Trust

Number of rooms at above property: _____

Percent of occupancy: _____ %

I declare under penalty of perjury that all the above information is true and correct to the best of my knowledge.

Print Name: _____ Phone: _____

Signature: _____ Title: _____ Date: _____