



APPLICATION FOR TRANSIENT OCCUPANCY REGISTRATION PERMIT

Escondido Municipal Code Chapter 25-77 requires a valid Transient Occupancy Registration permit for each place of business.
Please fill in all applicable spaces.

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| Owner's Name _____ |
| City of Escondido Business License Number* _____ |
| Mailing Address _____ |
| Location of Hotel/Motel _____ |
| Telephone _____ Total No. of Rental Units _____ |
| Type of Transient Occupancy Facility (check one): Rental Home___ Motel___ Hotel___ B&B___ |
| Date you began operating this business _____ |
| Contact name for audit purposes _____ |
| Contact telephone number _____ |
| Contact email address _____ |

I have reviewed the requirements of the City of Escondido's Transient Occupancy Tax Ordinance, understand the procedures for remitting such tax to the City each month, and agree to comply with all requirements within the Ordinance.

Signature of applicant _____
Print name _____
Date _____ Telephone (____) _____

Please return this application to:
CITY OF ESCONDIDO
FINANCE DEPARTMENT (TOT)
201 NORTH BROADWAY
ESCONDIDO, CA 92025

* Business License disclosure: City of Escondido Municipal Code Chapter 16 requires all persons who transact and carry on any business, trade, profession, calling or occupation in the city have a valid business license. For information on obtaining the Business License, please contact the Business License Division at 760-839-4659.