



RANCHO CUCAMONGA

# CITY OF RANCHO CUCAMONGA

10500 Civic Center Drive • Rancho Cucamonga, CA 91730  
Office (909) 919-2948 • FAX (909) 919-2959  
www.cityofrc.us

## TRANSIENT OCCUPANCY TAX INITIAL APPLICATION

**INCOMPLETE FORMS WILL NOT BE PROCESSED  
PAYMENT MUST BE SUBMITTED WITH COMPLETED FORM**

<b>START DATE:</b>		
____ / ____ / ____		
mm      dd      yyyy		

**Business Name** \_\_\_\_\_

**Add'l Bus. Name (if different)** \_\_\_\_\_

**Business Address** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Business Phone** (\_\_\_\_) \_\_\_\_\_ **Business Fax** (\_\_\_\_) \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Email Address** \_\_\_\_\_

**BUSINESS INFORMATION** - Provide Federal and State Tax ID numbers in the spaces below

**FEDERAL TAX ID NO.** \_\_\_\_\_ **STATE TAX ID NO.** \_\_\_\_\_

<b>OWNER INFORMATION – Enter names of Owners, Partners, or Corporate Officers Use additional pages as needed</b>	
Ownership Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Ltd. Liability Corp <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> General Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Ltd. Liability Partnership	
<b>Owner/Officer Name</b> _____	<b>Title</b> _____ <b>Phone</b> (____) _____
<b>Home Address</b> _____	<b>Social Security No. (optional)</b> _____
City _____ State _____ Zip _____	<b>Driver License #</b> _____
<b>Owner/Officer Name</b> _____	<b>Title</b> _____ <b>Phone</b> (____) _____
<b>Home Address</b> _____	<b>Social Security No. (optional)</b> _____
City _____ State _____ Zip _____	<b>Driver License #</b> _____

I declare under penalties of perjury, that this application has been examined by me and, to the best of knowledge and belief, is a true, correct, and complete statement of facts. Additionally, I understand that this license does not grant approval of my business location and that I must check with the Department of Community Development to ensure that my business is permitted at the proposed location.

\_\_\_\_\_  
*PRINT NAME HERE*

\_\_\_\_\_  
*SIGN NAME HERE*

\_\_\_\_\_  
*DATE*

<b>OFFICIAL USE ONLY</b>
<b>BUSINESS LICENSE #</b> _____
<b>SHORT-TERM VACATION RENTAL PERMIT (if applicable)</b>
(4240) - \$ _____
<b>TOTAL AMOUNT DUE \$</b> _____
<b>RECEIPT NO.</b> _____