

**APPLICATION FOR CERTIFICATE REGISTRATION UNDER UNIFORM
TRANSIENT OCCUPANCY TAX ORDINANCE NO 08-274**

**FINANCE DIRECTOR
CITY OF SOLVANG
1644 OAK STREET
SOLVANG, CA 93463
(805) 688-5575**

Date _____

1. Business Name _____

2. Business Phone No. _____

3. Business Website _____

4. Owner Name _____

5. Owner Mailing Address _____

6. Owner Phone No. _____

7. Owner E-Mail Address _____

8. Effective date of ownership or operation of business? _____

9. Type of Organization:

Individual _____ Partnership _____

Corporation _____ Other (Please Specify) _____

10. Names of Partners or corporation officers

Name	Title	Address
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11. Number of occupancy or rental units _____

12. If Owner does not operate business please furnish the following information

13. Name of Manager _____

14. Managers Mailing Address _____

15. Managers Phone No. _____

16. Managers E-Mail Address _____

Print Name _____

Signed _____

Title _____