

ATTACHMENT 2

County of Santa Barbara  
Treasurer-Tax Collector  
105 E. Anapamu St # 109  
Santa Barbara, CA 93101



Mailing Address:  
PO Box 579  
Santa Barbara, CA 93102  
(805) 568-2927

**TRANSIENT OCCUPANCY TAX  
APPLICATION FOR CERTIFICATE REGISTRATION**

(Santa Barbara County Code Chapter 32, Article II, Section 32-14)

Owner(s)/Operator(s) \_\_\_\_\_ Email \_\_\_\_\_

Vacation Rental Name \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_ Fax # \_\_\_\_\_

How long have you owned or operated this business? \_\_\_\_\_ Number of Rental Units \_\_\_\_\_

Addresses of all Vacation Rental Units in the Unincorporated Areas of Santa Barbara County (attach list, if more space is needed):

\_\_\_\_\_  
\_\_\_\_\_

Please Indicate Type of Organization:

Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Other (Specify) \_\_\_\_\_

Names of Partners or Corporate Officers:

\_\_\_\_\_  
Name Title Address

\_\_\_\_\_  
Name Title Address

If the owner is not the proprietor, please furnish the following information:

Name of Managing Agent/Operator \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

I (we) certify that the above is true and correct, under penalty of perjury. I (we) acknowledge that the transient occupancy taxes (currently twelve percent of the rent charged) are trust funds due the County of Santa Barbara. All taxes collected will be kept in trust and not commingled with other monies. I (we) am aware the Tax Collector has established that rents will be reported and taxes remitted, to the Tax Collector on a monthly basis (due postmarked prior to the last date of the month after collection). I (we) understand that the operator(s) is responsible for payment of the taxes, any late penalties, and interest.

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_