

Name and address of party to whom the approved, or denied, tax clearance request should be mailed:

LORI J. SCOTT
Treasurer-Tax Collector-Public Administrator
 P.O. Box 991830
 Redding, CA 96099-1830
 Phone: (530) 225-5511



COUNTY OF SHASTA

Request for Issuance of a Transient Occupancy Tax Clearance Certificate

Staff Use

Request Receipt Date: _____

Current TOT Registration No.: _____

Revenue & Taxation Code Section 7283.5

Allows a purchaser, transferee, or other person or entity attempting to obtain ownership of a property, the owner of which is required to collect the transient occupancy tax, may request a tax clearance certificate in order to avoid inheriting any unpaid, unreported, or underreported transient occupancy tax. Within 90-days of receiving the request for tax clearance, the county will request the current owner's records and conduct an audit. In some cases the owner may not have registered with the county, however, that does not relieve the imposition of taxes, nor does it prevent the transfer of the taxes to the new owner.

Seller's Name	Buyer's Name
Name of facility	Assessor's Parcel No.
Seller's mailing address	Buyer's mailing address
Seller's area code and telephone number	Buyer's area code and telephone number
Does the buyer intend to continue offering lodging after clearing the taxes? Yes No If yes, fill out and submit a Transient Occupancy Tax Registration form along with this tax clearance request. I declare under penalty of perjury that I am the prospective owner of property on which this tax clearance certificate is requested, and that information is true and correct.	Signature _____ Print Name _____

(STAFF USE)

<input type="checkbox"/> Request for the tax Clearance Certificate has been approved. <input type="checkbox"/> Records show the subject property to have no current Transient Occupancy Tax liability due and owing. This certificate has been granted for taxes due and payable through _____	<input type="checkbox"/> Request for the Tax Clearance Certificate has been denied due to: <input type="checkbox"/> Current owner(s) records are insufficient for audit. <input type="checkbox"/> The subject property has taxes due and owing in the amount of: _____ <input type="checkbox"/> Records from _____ to _____ must be made available.
Signature of Deputy Tax Collector	Dated:

REGISTRATION FORM
UNIFORM TRANSIENT OCCUPANCY TAX

Ordinance No. 1189 (1984) Amended on Nov. 15, 1990

COUNT OF SHASTA
STATE OF CALIFORNIA

CERTIFICATE NO
(to be assigned by Tax Collector)

Please print, type or fill-out online

MAIL TO: LORI J. SCOTT, Treasurer
 ATTN:TOT
 P.O. Box 991830
 Redding, CA 96099-1830

Name of Operator	Title
Name of Business Establishment	Situs address of business
Telephone Number	Mailing Address of business
Operator's residence address	Operator's telephone number
Parcel number shown on the last Shasta County tax bill for this property. (Send the legal description if parcel number is not known)	How long have you operated this business?

Type of Organization: Individual Partnership Corporation Other

If "Other" please specify below

Owner's name	Owner's telephone number
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Owner's address

Name of partner, if any	Title	Partner's address
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Name of partner, if any	Title	Partner's address
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Name of partner, if any	Title	Partner's address
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Number of units and the respective Rates (example: 23 units @ 105.00)

@ \$	@ \$	@\$	@\$
@ \$	@ \$	@ \$	@ \$

Total No. of Units

Est. Percentage of Occupancy 30 days or less
Est. Percentage of Occupancy 31 day or more

Signature _____ 

Est. Total Percentage of Occupancy

Date