

COUNTY OF SHASTA



F9; -GHF5 HCB: CFA
I B= CFA HF5 BG-9 BH C77I D5 B7 MH5 L
CfXjUbW' Bc "%% - 'f% , (L5 a YbXYX'cb' Bcj "%) Z% - \$

7 CI BHMC: 'G< 5 GH5
GH5 H9 'C: '75 @: CFB-5

CERTIFICATE NO. _____

(to be assigned by Tax Collector)

D'YUgYdfj]bfzmdYcf`Z`!ci hcb`]bY

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

DISTRICT NO. _____

(to be completed by Tax Collector)

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

Type of Organization: Individual Partnership Corporation Other

If "Other" please specify below

Owner's name Owner's Telephone Number

Owner's address Owner's Email Address

Name of partner, if any Title Partner's address

Name of partner, if any Title Partner's address

Number of units and the respective Rates (example: 23 units @ 105.00)

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

Total No. of Units Unit Type(s) (House, Motel, Cabin, Tent, RV Site etc...)

Signature _____ 

Date