



CITY OF WEED

Transient Occupancy Tax (TOT) Account Update Form

This form is to be used to update your Transient Occupancy Tax account with the City of Weed. If there has been a change in ownership, business suspension or closure, please contact us immediately at: (530) 240-6094 or email us at: WeedTOT@HdLgov.com.

ESTABLISHMENT NAME _____

BUSINESS LOCATION
Street _____

City _____ State _____ Zip _____ Country _____

NAME OF TOT PROCESSOR _____

MAILING ADDRESS _____

Attention _____

Street _____

City _____ State _____ Zip _____ Country _____

BUS. PHONE (_____) - _____ EMAIL _____

CELL (_____) - _____ FAX (_____) - _____

OWNERSHIP TYPE: _____

Select one: Sole Proprietorship, Partnership, LLC, Corporation, Non-Profit, Trust, Other

OWNER/ OFFICER:
(If different from Operator) _____

Attach additional pages if multiple owners/officers

MAILING ADDRESS _____

Attention _____

Street _____

City _____ State _____ Zip _____ Country _____

Phone (_____) - _____ EMAIL _____

TOTAL ROOMS FOR RENT _____ AVERAGE DAILY RATE _____

CERTIFICATION: I certify and declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Signature of Owner or Agent

Title

Date