



**UNIFORM TRANSIENT OCCUPANCY TAX REGISTRATION FORM**  
City of Desert Hot Springs, County of Riverside, State of California

DATE: \_\_\_\_\_

PLEASE PRINT OR TYPE

1. Name of Operator and Title: \_\_\_\_\_

2. Business Name: \_\_\_\_\_ Tax ID No: \_\_\_\_\_

3. Business Address: \_\_\_\_\_

4. Business Phone: (    ) \_\_\_\_\_

5. Business Mailing Address: \_\_\_\_\_

6. Assessment Number of last Riverside County Tax Bill covering the business: \_\_\_\_\_

7. How long have you operated the business? \_\_\_\_\_

8. Type of Organization: Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

Other (Please specify): \_\_\_\_\_

9. If Operator is not Owner of Business, Complete the following:

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: (    ) \_\_\_\_\_

10. Names of All Partners or Corporation Officers (use separate sheet if necessary):

(Name) (Title) (Address) \_\_\_\_\_

(Name) (Title) (Address) \_\_\_\_\_

11. Number of Occupancy Units:

\_\_\_\_\_ @ \$ \_\_\_\_\_; \_\_\_\_\_ @ \$ \_\_\_\_\_; \_\_\_\_\_ @ \$ \_\_\_\_\_ Total No. of Units: \_\_\_\_\_

12. Percentage of Occupancy (From Experience): \_\_\_\_\_

13. If item #9 of this form was not completed, the complete legal description of the real property upon which this business is located must be provided: \_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

Return This Registration Form to the City's Finance Department. Send to:

City of Desert Hot Springs

Finance Department

11999 Palm Drive Desert Hot Springs, CA 92240

ATTENTION: Transient Occupancy Tax Registration

For Questions Regarding the Transient Occupancy Tax Registration, Contact the City at (760) 329-6411 x249