

NO. \_\_\_\_\_

**COUNTY OF EL DORADO  
OFFICE OF THE TAX COLLECTOR**

Application for Certificate Registration Under the  
El Dorado County Motel Occupancy Tax Ordinance

Date: \_\_\_\_\_

1. Owner: \_\_\_\_\_

2. Business Name: \_\_\_\_\_ APN: \_\_\_\_\_

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

4. Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

6. How long have you owned or operated this business? \_\_\_\_\_

7. Type of Organization:

Individual: \_\_\_\_\_ Partnership: \_\_\_\_\_

Corporation: \_\_\_\_\_ Other (please specify): \_\_\_\_\_

8. Names of partners or corporate officers: \_\_\_\_\_

Name	Title	Address
------	-------	---------

Name	Title	Address
------	-------	---------

Name	Title	Address
------	-------	---------

9. Number of occupancy units: \_\_\_\_\_

10. If owner does not operate business, please state name, address, and telephone number of operator or managing agent who operates business:

Business Name of Operator/Agent	Contact Person's Name/Title
---------------------------------	-----------------------------

Mailing Address	Phone
-----------------	-------

City, State, Zip

Signed: \_\_\_\_\_ Title: \_\_\_\_\_