

CHRISTIE MARTINDALE
TREASURER-TAX COLLECTOR
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COUNTY OF INYO
TREASURER-TAX COLLECTOR

TRANSIENT OCCUPANCY OPERATOR REGISTRATION FORM

Business Name: _____
(If business name is different than your surname, please refer to the *How to Start a Business Guide* at www.inyocounty.us/TaxCollector)

Type of Business: _____
(E.g. motel, RV Park, short term rental, etc.)
Short-term rentals only: Hosted Non-Hosted

Type of Ownership: _____
(E.g. individual, corporation etc.)

Owner Name: _____
(If partnership or corporation, names of officers/partners)

Assessor's Parcel: _____ - _____ - _____ Situs Address: _____

Mailing Address: _____

Telephone: (____) ____-____ Effective Date: _____

Contact Person: _____ Title: _____

Email: _____

Website: _____

Purchase/Lease Date: _____ Beginning date of rental(s) (if different from purchase): _____

Number of Rooms: _____ Types of Spaces: _____

Maximum Rate charged for each type of unit/space: \$ _____

Applicant Signature: _____ Date: _____

Office Use Only:

Treasurer-Tax Collector Review:

Approved Denied; reason: _____ License #: _____

TTC Signature: _____ Date: _____

Planning Dept Review:

Date received: _____ Zoning: _____

Approved Denied; reason: _____

Planning Signature: _____ Date: _____

*****RETURN COMPLETED FORM TO THE TAX COLLECTOR'S OFFICE*****