County of Marin Transient Occupancy Tax (TOT) Registration Application

Short Term Rental (STR) Address

Short Term Rental Location Address:

Street Address (unit/apartment #, if applicable) City, Zip Assessor Parcel Number (API	N)
Ownership Information	
All persons holding an ownership interest in the property or holding an ownership interest in the entity that owns the property. If more than one, please attach a separate sheet with complete information. Type of Ownership: (check one) Individual Partnership Corporation Trust Owner's Name:	
Mailing Address:	_
Phone:Email:	
Short Term Rental Information	
Business Type: (check one)	
Authorized Agent	
Any property manager or other entity or person who has been designated by the owner to act on their behalf. (Property Managers- please complete enrollment form) Authorized Agent's Name:	_
Mailing Address:	_
Phone No.: Email:	
Emergency Contact	
Per Marin County ordinance 3695 neighbors must be notified with a signage or letter with an emergency contact person. Local Emergency Contact Name:	y
Email: Phone No.:	_
\square Request signage $\underline{\mathbf{or}} \square$ I will notify my neighbors with a letter $\underline{\mathbf{and}}$ complete an affidavit	
Disclaimer and Signature Transient Occupancy Tax are reported and paid monthly, submit timely to avoid penalties. Close or change of ownership requires return of certificate, and if applicable, a new application. Any change of mailing address must be reported immediately. By signing this application, the owner/authorized agent agrees to abide by the Short-Term Rental Operating License requirements as stated in County of Marin Ordinance. I certify under penalty of perjury that the above information is true and correct to the best of my knowledge and belief.	
Authorized Signature: Title:	
Print Name: Date:	
For Official Use Only: District: TOT Certificate Number: Tax Rate Zone: Certificate Date: HC Ref. Number: Tax Collector Signature:	