



A Tradition of Stewardship
A Commitment to Service

NAPA COUNTY

TREASURER-TAX COLLECTOR, CENTRAL COLLECTIONS

1195 Third Street, Ste 108 Napa, CA 94559 (707) 253-4320
www.countyofnapa.org

Robert G Minahen
TREASURER-TAX COLLECTOR

For County Use Only

Certificate No. _____

Date Issued _____

Application for Certificate Registration

Under Uniform Transient Occupancy Tax Ordinance

IMPORTANT: In requiring and accepting this Application, Napa County is not authorizing the Applicant or any other person to conduct any unlawful business or to conduct any lawful business in any unlawful manner, or to operate a hotel or like establishment without strictly complying with all local applicable laws including, but not limited to, those requiring a permit from any board, commission, department or office of said County; and Napa County does not waive its authority to enforce any provision of the Napa County Code, including but not limited to section 18.104.410, which restricts and governs transient occupancies of dwelling units, and which governs whether or not the property or facility that is the subject of this Application is being lawfully operated.

Business Name: _____ Business Phone: _____

Physical Address: _____ City, State, Zip: _____

Mailing Address: _____ City, State, Zip: _____

Business Web Address: _____ Business Fax: _____

Business Email Address: _____ Establishment Type: _____

Examples: Hotel, House, B&B, Condo

Year business began at this location: _____

No. of Rooms	Rate
_____	@ \$ _____
_____	@ \$ _____
_____	@ \$ _____
_____	Total Rooms

Accounting Records are Maintained (please check one box):

On Premises

Elsewhere: indicate name and address where records may be examined:

Type of Ownership: Individual Partnership Corporation Limited Liability Company

Owner(s) Name(s)	Title	Phone	Email	Mailing Address
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Name of Person Completing this form: _____ Date Submitted: _____

Signature: _____ Relationship to Business: _____

If Owner does NOT operate business, please furnish the following information:

Name of Manager/Operator: _____ Email address: _____

Address: _____ Phone #: _____

COMPLETE **ALL** sections, SIGN and RETURN this Registration form to Napa County Tax Collector.
NOT TRANSFERABLE. Any change of Operator/Ownership requires a NEW application.
A current CERTIFICATE of AUTHORITY must be posted in a conspicuous place on your premises.