

**CITY OF OCEANSIDE****Revenue Division**

300 N. Coast Highway, Oceanside, CA 92054

(760) 435-3878

www.ci.oceanside.ca.us

OFFICE USE ONLY

TOT Certificate Number \_\_\_\_\_

**SHORT TERM LODGING REGISTRATION CERTIFICATE APPLICATION  
TRANSIENT OCCUPANCY TAX REGISTRATION**

There is no permit fee required for this application. Please list the address of each dwelling unit and fill out additional applications for each building you rent on a short term basis. Note that you must obtain a business license before you engage in short term property leasing if you have more than 5 units. Individually owned condominiums require individual applications.

**PROPERTY OWNER INFORMATION**

Owner Name \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apt/Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_) - \_\_\_\_\_ Emergency Phone (\_\_\_\_) - \_\_\_\_\_

**SHORT TERM RENTAL PROPERTY INFORMATION**

Property/Building Address \_\_\_\_\_

Unit Addresses (list additional units at same address on a separate form)

Unit \_\_\_\_\_ (1)      Unit \_\_\_\_\_ (3)      Unit \_\_\_\_\_ (5)      Unit \_\_\_\_\_ (7)

Unit \_\_\_\_\_ (2)      Unit \_\_\_\_\_ (4)      Unit \_\_\_\_\_ (6)      Unit \_\_\_\_\_ (8)

**AGENT INFORMATION***If the property is represented by an agent(s) or rental company(s), please complete the information below*

Rental Company or Agent Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Business Address \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Business Phone (\_\_\_\_) - \_\_\_\_\_

☐ My property is represented by more than one agent. List additional agents on a separate form.

I hereby certify under the penalty of perjury that I am authorized to make this statement and the information provided on this application is true and correct.

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_