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 5 units or more. 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 _____