



**APPLICATION FOR TRANSIENT OCCUPANCY  
REGISTRATION CERTIFICATE**

Please fill in the following information. If you have questions regarding this application, please contact the Finance Department at (619) 691-5250. There is no fee required for this application.

Return to: City of Chula Vista, Finance Department, 276 Fourth Avenue, Chula Vista, CA 91910

Establishment Name: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

Manager Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Units: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

I declare under penalty of perjury that the above information is correct to the best of my knowledge and belief. Further, I acknowledge that I am aware of Chula Vista Municipal Code Chapter 3.40 et seq. regarding Transient Occupancy Tax regulations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date