



CITY OF CHICO

Transient Occupancy Tax (TOT) Account Update Form

This form is to be used to update your Transient Occupancy Tax account with the City of Chico. If there has been a change in ownership, business suspension or closure, please contact us immediately at:(530) 767-1017 or email us at: support@hdlgov.com.

ESTABLISHMENT NAME _____

BUSINESS LOCATION _____
Street

City State Zip Country

NAME OF OPERATOR _____
(See Section 3.52.070 of City Code for Definition of Operator)

MAILING ADDRESS _____
Attention

Street

City State Zip Country

BUS. PHONE () _____ EMAIL _____

CELL () _____ FAX () _____

OWNERSHIP TYPE: _____
Select one: Sole Proprietorship, Partnership, LLC, Corporation, Non-Profit, Trust, Other

OWNER/ OFFICER _____
(If different from Operator) Attach additional pages if multiple owners/officers

MAILING ADDRESS _____
Attention

Street

City State Zip Country

PHONE () _____ EMAIL _____

TOTAL ROOMS FOR RENT _____ AVERAGE DAILY RATE _____

CERTIFICATION: I certify and declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Signature of Owner or Agent

Title

Date