



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@HdL.gov.

ESTABLISHMENT NAME _____

BUSINESS LOCATION _____

Street _____

City _____

State _____

Zip _____

Country _____

NAME OF TOT PROCESSOR _____

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