



# Finance Department

P.O. Box 1609, Mammoth Lakes, CA, 93546

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## APPLICATION FOR TRANSIENT OCCUPANCY TAX (TOT) CERTIFICATE – SCHEDULES E AND F

Please be aware that a transient rental inspection is required before the TOT certificate will be issued. This TOT certificate application can be submitted to the Finance Department while the inspection is being scheduled and completed. A list of the current inspectors approved to perform the inspection as well as the transient rental inspection checklist is available on the Town of Mammoth Lakes website, [www.townofmammothlakes.ca.gov](http://www.townofmammothlakes.ca.gov). If you have questions please contact the Finance Department.

### CERTIFICATE HOLDER (OWNER/OPERATOR) INFORMATION

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Email Address \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Certificate Type: Owner \_\_\_\_\_ Renter \_\_\_\_\_ Management Company \_\_\_\_\_ Rental Agent \_\_\_\_\_ Other \_\_\_\_\_

### CERTIFICATE HOLDER (OPERATOR) RESPONSIBILITIES AND DUTIES

I certify that the local 24-hour emergency contact person and I have read all regulations pertaining to the operation of a transient rental unit, and I agree to comply with all conditions of the Transient Occupancy Tax (TOT) Certificate issued by the Town of Mammoth Lakes. \_\_\_\_\_ (Initial here)

I acknowledge that pursuant to Municipal Code Section 3.12.020, I will maintain a set of books and records, which shall contain all of the information necessary for the computation of any tax due and that the Town shall have the right to audit these records at any time. \_\_\_\_\_ (Initial here)

I certify that all designated bedrooms meet all local safety and building code requirements. \_\_\_\_\_ (Initial here)

I acknowledge that I am required to use only licensed individuals and vendors for any type of unit service (cleaning, plumbers, etc.) \_\_\_\_\_ (Initial here)

I acknowledge that I will post the TOT Certificate in the transient rental unit. \_\_\_\_\_ (Initial here)

I acknowledge that the Town of Mammoth Lakes has the right to inspect this property at any time. \_\_\_\_\_ (Initial here)

I will notify the Town if ownership or management of this unit changes. I acknowledge that my TOT Certificate is non-transferable. \_\_\_\_\_ (Initial here)

I acknowledge that failure by an operator or transient occupant to adhere by the maximum occupancy, parking restrictions, noise code regulations, trash storage procedure and/or advertising requirements can result in fines of up to \$1000.00 per day and revocation of the operators Business Tax Certificate for a period of up to one year \_\_\_\_\_ (initial here)

I certify under penalty of perjury that all information contained herein is accurate, to the best of my knowledge.

Certificate Holder Signature \_\_\_\_\_ Date \_\_\_\_\_

**RENTAL PROPERTY INFORMATION (If you have multiple units, please make additional copies)**

New Application \_\_\_\_\_ Addition to Existing Business Tax Certificate \_\_\_\_\_ Replacement Copy \_\_\_\_\_

Business Tax Certificate Number \_\_\_\_\_ (new application BTC numbers are issued upon approval)

Property Street Address \_\_\_\_\_

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

Property Complex Name and Unit No. \_\_\_\_\_

Maximum Legal Occupancy Limit (two persons per bedroom, plus an additional two ) \_\_\_\_\_

Maximum Nightly Room Rate (the highest room rate you will ever charge) \_\_\_\_\_

Local 24-hour Emergency Contact Name \_\_\_\_\_ Phone/Cell \_\_\_\_\_

Each operator shall have a local contact person who is available at all times to respond to questions and issues arising out of the transient occupancy. The local contact shall be based within a 60 mile range and be personally available by telephone on a 24-hour basis to respond to calls regarding the condition and/or operation of the unit. Failure to respond to calls in a timely and appropriate manner on more than two occasions may result in revocation of the Business Tax Certificate authorizing the use. Responding in a timely and appropriate manner shall mean that a response to an initial call shall be made in person within one hour of the time the call was made, and within 24 hours of the initial call, corrective action shall be commenced to address any violation of this section.

I certify that as the local 24-hour emergency contact of this property, I am aware of and understand my responsibilities and duties. By signing below, I acknowledge that I have read the statement above.

Signature of Local 24-hour Emergency Contact \_\_\_\_\_

Waste Disposal Information (i.e. property mgmt., dumpster on-site, self-haul) \_\_\_\_\_

Advertising account information: Airbnb account number \_\_\_\_\_

HomeAway/VRBO account number \_\_\_\_\_

Other rental platform(s) name and account number \_\_\_\_\_

Assessor's Parcel Number (Internal Use Only) \_\_\_\_\_

**Fees Due: \$23.00 per TOT Certificate**

Number of Certificates \_\_\_\_\_ x \$23.00 = \$ \_\_\_\_\_