



APPLICATION FOR TRANSIENT OCCUPANCY REGISTRATION CERTIFICATE

RETURN TO: City of Vista
200 Civic Center Drive
Vista, CA 92084
Attn: Business License Office

NUMBER OF RENTAL UNITS: _____ PHONE # _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

NAME OF OPERATOR: _____

NAME OF MANAGER: _____

SIGNED: _____

FOR OFFICE USE ONLY

RECEIVED BY CITY: _____ TOT CERTIFICATE #: CN