



**Treasurer-Tax Collector
County of Ventura**

Transient Occupancy Tax

**TYPE "B" EXEMPTION CERTIFICATE FOR STAYS
OVER 30 DAYS**



The Uniform Transient Occupancy Tax Ordinance of the Municipal Code of Ventura County states that an occupant of a hotel is a transient, and therefore subject to the tax for the first 30 days of the occupant's stay, unless there is a written agreement between the hotel's operator and the transient providing for a stay of more than 30 days.

The form must be completed in full by the resident/claimant requesting the exemption from the Transient Occupancy tax and signed and verified by the operator.

TO BE COMPLETED BY RESIDENT/CLAIMANT

Resident/Claimant Name:	
Resident/Claimant Address:	
Resident/Claimant Phone:	Driver's License#:
Resident/Claimant Suite #:	
Operator/Business Name:	
Business Address:	
Dates of Occupancy: (Check In): (Check Out):	

I hereby certify under penalty of perjury that the information in this form is true and correct. I understand that in signing this form I am staying over thirty (30) consecutive days and I am therefore not considered a transient for the purposes of the Transient Occupancy Tax. By completing and signing this form it constitutes an agreement with the operator, but is only valid with the signature of the operator. In the event that I do not stay beyond the thirty (30) consecutive days, I am liable to the operator for the Transient Occupancy Tax upon check out.

Signature of Claimant

Date

Printed Name of Claimant

TO BE COMPLETED BY OPERATOR

I hereby certify under penalty of perjury that the information in this form is true and correct.

***Note:** This exemption is not valid unless copies of the lease contract/agreement or proof of payment (non-refunded) for at least 30 days of continuous occupancy are attached. The operator is required to keep this Exemption form along with all supporting documentation for three years and be made available for inspection by the Treasurer-Tax Collector.

Verified by:

Signature of Operator/Employee

Title

Printed Name of Operator/Employee

Date