



**HOTEL / MOTEL NEW OR AMENDED TOT CERTIFICATE  
OR  
BED & BREAKFAST / VACATION RENTAL / AGRICULTURAL HOMESTAY  
AMENDED CERTIFICATE  
GENERAL INFORMATION AND APPLICATION**

Mariposa County Planning Department  
5100 Bullion Street, P.O. Box 2039  
Mariposa, CA 95338  
Telephone (209) 966-5151 FAX (209) 742-5024  
[www.mariposacounty.org](http://www.mariposacounty.org) [planningdept@mariposacounty.org](mailto:planningdept@mariposacounty.org)

**To the Applicant:**

This form is to be used if a business owner needs a new Transient Occupancy Tax (TOT Certificate) for a hotel, motel or other similar facility. This form is also used to amend an existing Transient Occupancy Tax (TOT) Certificate to change the Business Name (but property ownership has not changed), to change the designated Management Company, or to correct an error on an issued TOT Certificate. No additional inspections are currently required for newly constructed hotels or motels. No additional inspections are currently required for those hotels or motels which have been in continuous operation.

This form may only be used if no on-site inspection is required to amend the TOT Certificate.

**Transient Occupancy Tax (TOT) & Tourism Business Industry District (TBID) Assessment**

For the privilege of occupancy in any Transient Occupancy Facility in Mariposa County, each transient (guest staying less than 30 consecutive days) is subject to and shall pay a **tax** in the amount of ten percent (10%) of the rent charged by the operator. In addition, there is a one percent (1%) **assessment** for the Tourism Business Industry District.

Each operator shall collect the tax and the assessment at the same time as the rent is collected and give the transient an itemized receipt. The operator is collecting the tax and assessment on **behalf of Mariposa County** and these funds should be kept separate and remitted on a **monthly basis** to the Mariposa County Treasurer's office.

Any person, whether as the principal, agent or employee who violates any of the provisions pursuant to the Mariposa County Code Chapter 3.36 is guilty of a misdemeanor and upon conviction shall be punished by a fine of not more than one thousand dollars (\$1,000), plus assessment on fines or by imprisonment, not to exceed six (6) months, or by both fine and imprisonment.

**Failure to Obtain Certificate and Pay Taxes**

Should an operator fail to obtain a Transient Occupancy Tax (TOT) Certificate prior to renting to transients, and fail to pay taxes as due according to Mariposa County Code Chapter 3.36, the operator shall be subject to a penalty as determined by the Tax Collector pursuant to County Code.



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FOR OFFICE USE ONLY	
Date Submitted _____	Received By _____
Fees Paid \$ _____	Receipt No. _____ Received By _____
Application No. _____	Application Complete _____
Certificate No. _____	Date Issued _____

**APPLICANT INFORMATION**

**Applicant Name** \_\_\_\_\_

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

Daytime Telephone Number(s) (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Property Owner Name** \_\_\_\_\_  
PROVIDE NAME OF PROPERTY OWNER IF DIFFERENT THAN APPLICANT

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

Daytime Telephone Number(s) (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Business Operator (Manager) Name** \_\_\_\_\_  
PROVIDE NAME OF BUSINESS OPERATOR IF DIFFERENT THAN APPLICANT

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

Daytime Telephone Number(s) (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

200501

Type of Organization Owning/Operating Business \_\_\_\_\_

Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Other (specify) \_\_\_\_\_

Names of Partners or Corporation Officers

NAME	TITLE	MAILING ADDRESS	DAYTIME TELEPHONE NUMBER

NAME	TITLE	MAILING ADDRESS	DAYTIME TELEPHONE NUMBER

NAME	TITLE	MAILING ADDRESS	DAYTIME TELEPHONE NUMBER

<b>PROJECT INFORMATION</b>
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Request is for (check all which are applicable and provide detailed information as requested):

**New Motel/Hotel Tax Certificate** or  **Amended Motel/Hotel Tax Certificate\*\***

Total number of motel or hotel rooms to be rented: \_\_\_\_\_.

**Change Business name\*\*** to: \_\_\_\_\_

**Change Management Company\*\*** to: \_\_\_\_\_

\_\_\_\_\_

*(include mailing address)*

**Error on Original Certificate\*\*** – requested correction: \_\_\_\_\_

\_\_\_\_\_

\*\*Request is for a change to TOT Certificate No. \_\_\_\_\_

<b>PROPERTY INFORMATION</b>
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Business Name \_\_\_\_\_  
(this is not for the management company name but if you have a business name or a cabin name put that here)

How long have you owned or operated this business? \_\_\_\_\_

Physical Address of Business \_\_\_\_\_

\_\_\_\_\_

Assessor's Parcel Number (APN) \_\_\_\_\_ Parcel Size (acres) \_\_\_\_\_

Original Project Application Number (if known): \_\_\_\_\_

**REQUIRED MATERIALS AND ITEMS FOR A NEW HOTEL / MOTEL TOT CERTIFICATE OR FOR  
AN AMENDED TOT CERTIFICATE – NO INSPECTION REQUIRED**

1.  The attached application form filled out completely and signed by the applicant. If the applicant is not the property owner, the applicant must provide a letter of authorization or other documentation authorizing the applicant to submit the application on the owner's behalf. The applicant can be a lessee, purchaser in escrow, or optionee of the subject property. An agent may represent an applicant in all matters pertaining to the processing of the application once the application is submitted by the applicant.
  
2.  Indicate original Project Application Number & TOT Certificate Number
  
3.  Indicate changes requested to TOT Certificate (on application form)
  
4.  Payment of application fees as determined by Mariposa Planning. Additional fees maybe charged by other agencies or county offices, depending on the type of application.

Application	\$110.00
Document Conversion	\$18.00
<b>Total:</b>	<b>\$128.00</b>

**REQUIRED SIGNATURE(S)**

**Affidavit**

I/we, the undersigned (Property Owner and Applicant), agree to defend, indemnify, and hold harmless the County and its agents, officers and employees from any claim, action or proceeding against the County arising from the Property Owner and Applicant project.

I/we declare under the penalty of perjury that the statements and information submitted in this application are in all respects true and correct to the best of my/our knowledge.

I/we acknowledge that I/we have read and understand the information contained in the application package relating to the submittal and processing of this application.

I/we understand that the processing of the application will be delayed if any required information is incorrect, omitted, or illegible.

I/we declare that if an entity listed below is a Partnership, Limited Liability Corporation, Corporation or Trust the signer(s) below certifies that he/she is authorized by that entity to apply and sign the application attached herewithin.

<b>Property Owner</b> <i>(printed name):</i>	<b>2<sup>nd</sup> Property Owner</b> <i>(printed name):</i>	<b>Applicant</b> <i>(printed name):</i>
<b>Property Owner</b> <i>(signature):</i>	<b>2<sup>nd</sup> Property Owner</b> <i>(signature):</i>	<b>Applicant</b> <i>(signature):</i>
Date:	Date:	Date:

If there are more than two property owners, additional copies of this page shall be provided.

**IMPORTANT: This page must be signed by all property owners and any authorized applicant.**

**IMPORTANT: Please note that if the property owner/s is/are authorizing someone other than themselves to act as the applicant or agent, the next page must also be signed.**

**IMPORTANT: Failure to have all necessary signatures will DELAY the commencement of processing the application. The application will be returned to the applicant to provide all necessary signatures.**

This page to be signed **IF** the property owner(s) is (are) authorizing someone to act as an agent or applicant for this application.

**Affidavit**

**Applicant/Agent Authorization:**

I/we, \_\_\_\_\_, Property Owner(s) hereby authorize \_\_\_\_\_ to act as a representative/Applicant and/or \_\_\_\_\_ to act as a representative/Agent in all matters pertaining to the processing and approval of this application, including modifying the project, and agree to be bound by all representations and agreements made by the designated Applicant and/or Agent.

I/we declare that if the Property Owner and/or Applicant is a Partnership, Limited Liability Corporation, Corporation or Trust, the individual(s) listed below certifies that he/she/they is/are authorized by that entity to execute the application form attached herewithin.

<b><u>Property Owner (printed name):</u></b>	<b><u>Applicant (printed name):</u></b>	<b><u>Agent (printed name):</u></b>
<b><u>Property Owner (signature):</u></b>	<b><u>Applicant (signature):</u></b>	<b><u>Agent (capacity/title):</u></b>
<b><u>Property Owner (capacity/title):</u></b>	<b><u>Applicant (capacity/title):</u></b>	
Date:	Date:	
<b><u>2<sup>nd</sup> Property Owner (printed name):</u></b>	<b><u>Co-Applicant (printed name):</u></b>	
<b><u>2<sup>nd</sup> Property Owner (signature):</u></b>	<b><u>Co-Applicant (signature):</u></b>	
Date:	Date:	