CLAIM FOR EXEMPTION FROM TRANSIENT OCCUPANCY TAX

FOR

OCCUPANCY <u>OVER</u> 30 DAYS

CITY OF BELMONT

COUNTY OF SAN MATEO, STATE OF CALIFORNIA

CITY ORDINANCE NO. 364

Room No._____

1. Your Name: _____
    (Please Print)　　　　**Last**　　　　　　　**First**　　　　　　　　**Initial**

2. The undersigned claims exemption from paying
    the 12% City Transient Occupancy Tax on

    $_____ room rental charged for the

    period _____
    　　　　Month　　　　　　**Day**　　　　　**Year**

    Through _____
    　　　　Month　　　　　　**Day**　　　　　**Year**

3. This claim is filed to exempt me from paying
    Tax, since I have occupied the space in the
    above motel a period of time greater than
    30 days. Thus, I am not a transient as stated in
    City Ordinance Number 364, Section 1,
    Part 3d.

4. I have paid the first 30 days transient
    occupancy tax on the above space

NOTICE TO MOTEL OPERATORS
A separate claim is required for each occupancy over 30 days. Occupancy must be continuous.

To be filed for each new claimant with Quarterly report to:
City of Belmont
8839 N. Cedar Ave. #212
Fresno, CA 93720-1832

I DECLARE UNDER PENALTY OF PERJURY THAT TO THE BEST OF MY KNOWLEDGE THIS STATEMENT IS TRUE

_____　　　_____
Signature of Claimant　　　　　　　　　　　　　　　　　　**Date**

CITY OF BELMONT

TRANSIENT OCCUPANCY TAX

TAX EXEMPTION CLAIM FOR OCCUPANCY OVER 30 DAYS

_____
_____

NOTICE TO MOTEL/HOTEL OPERATORS:

This form is to be used to claim tax exemption for persons occupying rooms for more than 30 days. Please note that the transient **must pay tax for the first 30 day of occupancy.** The TOTAL DOLLAR AMOUNT claimed on this form MUST EQUAL the DOLLAR AMOUNT DEDUCTED on LINE ITEM # 2 of the TAX RETURN FORM.

NAME OR TAX EXEMPTED OCCUPANCY	ROOM NUMBER	DATES TO OCCUPANCY FROM	TO	TOTAL AMOUNT OF RENT COLLECTED
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
TOTAL				$

I DECLARE UNDER PENALTY OF PERJURY THAT, TO THE BEST OF MY KNOWLEDGE, THIS STATEMENT IS TRUE.

_____

Signature of Owner or Agent

_____   _____

Name of Motel/Hotel   **Date**