# TRANSIENT OCCUPANCY TAX
## TYPE "A" EXEMPTION CERTIFICATE FOR PERMANENT RESIDENT/GUEST

This form is to be completed by: (1) a permanent resident or (2) a person that will occupy a hotel room for more than thirty (30) consecutive calendar days.  The hotel operator, as defined under Sec 3.32.020, Definitions, must retain this completed form and supporting documents for three years.

| | |
|---|---|
| **Name of Hotel:** | |
| **Address:**<br>Number & Street | West Hollywood, CA          Zip:     90069 |
| **Type of Exemption:**<br>*select appropriate circle* | *Permanent Resident*<br>*Hotel Guest who will occupy a room for more than 30 consecutive days.* |

| Dates of Occupancy | | Monthly Amount Paid for Room: |
|---|---|---|
| Check In: | Check Out: | |

| | |
|---|---|
| **Resident/Guest Name:**<br>First Name: | Last Name: |
| **Resident/Guest Address:** | |

| **Resident/Guest Telephone #:** | **Drivers License:** | State | Number |
|---|---|---|---|

**Resident/Guest Suite #:**

**I hereby declare under penalty of perjury that I am a resident/guest as indicated above and that the foregoing facts and statements are true and correct**

**Executed at:**   City                                                              , State

**Signature:**                                                      **Date:**

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## TO BE COMPLETED BY HOTEL OPERATOR/STAFF
**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.**

*VERIFIED BY:*

| Print Hotel Employee's Name | Hotel Employee's Signature | Date |
|---|---|---|