



# CITY OF EL MONTE

## Transient Occupancy Tax (TOT) Account Update Form

This form is to be used to update your Transient Occupancy Tax account with the City of El Monte. If there has been a change in ownership, business suspension or closure, please contact us immediately at (626) 580-2031 or email us at [license@elmonteca.gov](mailto:license@elmonteca.gov)

ESTABLISHMENT NAME \_\_\_\_\_

BUSINESS LOCATION \_\_\_\_\_

Street

City State Zip Country

NAME OF TOT PROCESSOR \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

Attention

Street

City State Zip Country

BUS. PHONE ( ) - \_\_\_\_\_ EMAIL \_\_\_\_\_

CELL ( ) - \_\_\_\_\_ FAX ( ) - \_\_\_\_\_

OWNERSHIP TYPE \_\_\_\_\_

Select one: Sole Proprietorship, Partnership, LLC, Corporation, Non-Profit, Trust, Other

OWNER/OFFICER \_\_\_\_\_

(If different from Operator) Attach additional pages if multiple owners/officers

MAILING ADDRESS \_\_\_\_\_

Attention

Street

City State Zip Country

PHONE ( ) - \_\_\_\_\_ EMAIL \_\_\_\_\_

TOTAL ROOMS FOR RENT \_\_\_\_\_ AVERAGE DAILY RATE \_\_\_\_\_

**CERTIFICATION:** I certify and declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date