City of Santa Clara
The Center of What's Possible

TRANSIENT OCCUPANCY TAX, COMMUNITY FACILITIES DISTRICT TAX, and TOURISM IMPROVEMENT DISTRICT ASSESSMENT OVER THIRTY-DAY EXEMPTION FORM

To qualify for an Over Thirty-Day Exemption, this form must be completed by the operator and signed by the occupant prior to occupancy. Absent such obligatory agreement, occupant is deemed to be a transient and subject to the City's Transient Occupancy Tax (TOT), Community Facilities District (CFD) tax, and Santa Clara Tourism Improvement District (SCTID) Assessment for exercising occupancy for a period of thirty consecutive calendar days or less. Please complete in ink.

Room Rate: $_____ Check one: ☐ Daily ☐ Weekly ☐ Monthly Room Number: _____ (or attach listing if multiple rooms)

Period of Residency: mm/dd/yy _____ to mm/dd/yy _____

A. The UNDERSIGNED hereby requests an exemption from the following tax and/or assessment because the tenancy is more than thirty consecutive calendar days (i.e. must be 31 days or more):

$ _____ (Daily Room Rate) x _____ (Number of Days Subject to Exemption) = $ _____ (Total Rent Subject to Exemption)

☐ **TOT Exemption:**

$ _____ (Total Rent Subject to Exemption) x 13.5% (TOT) = $ _____ (Total TOT Subject to Exemption)

☐ **CFD Exemption:**

$ _____ (Total Rent Subject to Exemption) x 2.0% (CFD) = $ _____ (Total CFD Subject to Exemption)

☐ **SCTID Exemption:**

$ _____ (Total Rent Subject to Exemption) x 2.0% (SCTID Assessment) = $ _____ (Total SCTID Subject to Exemption)

OCCUPANT AFFIDAVIT:

I hereby certify that I have been exempted from the above exemption amount for each tax and/or assessment I applied for. I understand that this agreement obligates me to pay rent to the hotel/motel operator for the right of exercising occupancy in excess of thirty (30) consecutive days. If I do not exercise occupancy for a period in excess of thirty (30) consecutive days, I shall be liable to the operator for rent and all applicable taxes and assessments for the period of time agreed upon. I declare under penalty of perjury that to the best of my knowledge and belief the statements made herein are correct and true.

_____ Occupant Printed Name

_____ Occupant Signature

_____ Telephone

_____ Date

FOR HOTEL USE ONLY: Please Print Legibly

Hotel Note: Exemption is granted to occupant. This form must be signed by the occupant. Make copy and provide occupant with photocopy. Hotel must file and maintain original for minimum of three years.

Name of Hotel/Motel: _____

Name of Hotel/Motel Employee (Print): _____

Signature of Hotel/Motel Employee: _____