

CITY OF ARCADIA
TRANSIENT OCCUPANCY TAX (TOT) EXEMPTION FORM

This form must be submitted with the monthly/quarterly TOT reporting form to qualify for exemption. Please fill out one form for each guest for which there is a claimed exemption.

Business License # _____	Hotel Name: _____
Guest Information:	
Name: _____	Tel No.: _____
Address: _____ <small>(Street) (City) (State) (Zip Code)</small>	
Dates of Occupancy: _____ / _____ <small>(Check In Date) (Check Out Date)</small>	
Rent Amount: \$ _____	
Government Agency Name: _____	
Guest Signature: _____ <small>(Signature) (Date)</small>	
Reason for exemption (√): _____ Non-transients. Guest stayed in this facility for 31 or more consecutive days (Not transferable to another guest). _____ Foreign nationals exempt by treaty. _____ Adjustment of prior reports for transients who completed 31 consecutive days. _____ Other adjustments. Please explain: _____ _____ _____	
Certification:	
I declare, under penalty of perjury, that the statements and information contained on this form are true and correct to the best of my knowledge and belief.	
Operator: _____ <small>(Print Name) (Signature) (Date)</small>	

Return original transient occupancy tax reporting form including transient occupancy tax exemption form, if applicable with check or money order payable to the City of Arcadia, and mail to

City of Arcadia, Business License Office
240 W. Huntington Drive, Arcadia, CA 91006
Tel: (626) 574-5430 Fax: (626) 447-9173