

**CITY OF FRESNO/CITY OF CLOVIS
TOURISM BUSINES IMPROVEMENT DISTRICT**

TRANSIENT OCCUPANCY CERTIFICATE NO. _____

Hotel Name _____

Address _____ City _____ Zip Code _____

Report Period From: _____ To: _____

INSTRUCTIONS

1. COMPLETE this entire form (if no assessment is due, fill in spaces with zeros). RETURN ORIGINAL COPY ONLY TO YOUR SPECIFIC JURISDICTION.
2. Make CHECK or MONEY ORDER payable to, and mail to:

City of Clovis – TBID 1033 Fifth Street Clovis, CA 93612	City of Fresno 2600 Fresno Street Room 2157 – TBID Fresno, CA 93721
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3. **SIGN AND DATE THIS FORM**

REPORTABLE TRANSACTIONS

- | | | |
|---|----|-------|
| 1. TOTAL RECEIPTS from room rentals | \$ | _____ |
| 2. EXEMPTIONS
(stays: of more than 30 days OR by Railroad and
Airline Crews OR by Tax-exempt Government Employees
on Government business OR per Pre-Bookings/Contracts
executed before January 1, 2011) | \$ | _____ |
| 3. ASSESSMENT receipts (Line 1 minus Line 2) | \$ | _____ |
| 4. TBID ASSESSMENT
(1% of Line 3) | \$ | _____ |
| 5. 1 st Month Delinquent 10% of Line 4 (includes 1%) | \$ | _____ |
| 6. 2 nd Month Delinquent 10% of Line 4 (includes 1%) | \$ | _____ |
| 7. TBID TOTAL
Add lines 4, 5 & 6 | \$ | _____ |

NOTICE

Assessment will be delinquent if not paid on or before the last day of the month in which due (Jan, Apr, Jul & Oct). Assessment may, however, be paid monthly.

A penalty of 10% will be added after the delinquent date. Interest at a rate of 1 % per month or fraction thereof on the amount of assessment, shall begin to accrue (compound) on the first day of the calendar month after the assessment becomes delinquent. For clarification, please refer to City of Fresno Resolution No. 2010-295.

CERTIFICATE

I certify that the foregoing statement is true and correct:

SIGNED: _____

TITLE: _____

Executed at _____

On _____, 20____