

Exhibit I

Exemptions listed herein subject to audit

Hotel / Motel / Inn Name: _____ Reporting Period: _____
Quarter /Month /Year

Total Exemptions Claimed (Enter total on TOT Return Line 3)

*Exemption Codes: F = Foreign government employee L = Long-term (over 30 days) tenant C = Complimentary room

OPERATOR: Use this form to report guests exempt from transient occupancy tax. Attach this form and all supporting documents to the Transient Occupancy Tax Return and file with –

City of Arcata
Finance Department
736 F Street
Arcata, CA 95521

Exhibit II
City of Arcata Transient Occupancy Tax
Over Thirty Day Exemption Form

In order to qualify as a long-term occupant, this form must be completed in full by the hotel operator and signed by the exempt occupant prior to, or on the first day of, occupancy. In the absence of a long-term agreement, the occupant is deemed to be a transient during the initial 30 days of occupancy and is thus subject to the City's Transient Occupancy Tax ("TOT") for said initial 30 day period. Please complete in ink.

Name of Hotel Guest (Print): _____

Room Rate: _____ Room Number: _____

OCCUPANT AFFIDAVIT:

I hereby certify that I am exempt from paying Transient Occupancy Tax. I understand that this agreement obligates me to pay rent to the hotel/motel operator for the right of exercising occupancy for thirty-one (31) or more consecutive days. In the event that I do not exercise occupancy for a period of thirty-one (31) or more consecutive days, I shall be liable to the operator for rent and taxes for the period of time less than thirty-one (31) days upon check-out. I declare under penalty of perjury that, to the best of my knowledge and belief, the statements made herein are correct and true.

Signature of Occupant

Date

Address

Telephone Number

City

State

Zip Code

FOR HOTEL USE ONLY

Exemption is granted to occupant. This form must be signed by the exempt occupant prior to or upon check-in of such occupant. Make a copy and provide occupant with photocopy. The hotel Operator must submit a copy of this form with the applicable Exemption Report (Exhibit I) and maintain original for minimum of three years.

Name of Hotel / Motel / Inn:

Name of Hotel / Motel / Inn Employee (Print): _____