



CITY OF LA MIRADA

Application for Transient Occupancy Registration Certificate (Ord# 267)

(To be completed within 30 days after commencing business)

For Office Use Only	
Certificate No.	_____
Processed Date	_____

REGISTRATION INFORMATION

Registration Type	<input type="checkbox"/> New Registration	Effective Date	_____
	<input type="checkbox"/> Account Update	Existing Certificate Number	_____

OPERATOR INFORMATION

Mailing Address

Operator Name	_____	Contact Name	_____
Mailing Address	_____	City, State, Zip Code	_____
Phone No.	_____	Fax No.	_____
Email Address	_____		

PROPERTY INFORMATION

Mailing Address

_____	Contact Name	_____
_____	City, State, Zip Code	_____
_____	Phone No.	_____
_____	Fax No.	_____

OWNER INFORMATION

Mailing Address

<input type="checkbox"/> Same Information as Operator	Owner Name	_____
Mailing Address	City, State, Zip Code	_____
Phone No.	Email Address	_____

Name & Title (Print)	_____		
Signature	_____	Date	_____