



City of Orinda – Planning Dept.

Short-Term Rental Registration and

Transient Occupancy Tax Registration Certificate Form

22 Orinda Way, Orinda, CA 94563 (925)253-4210

REGISTRATION #
(Office Use Only)

A Short-Term Rental is a dwelling that is leased or rented in full or part for the purpose of overnight lodging for less than thirty (30) consecutive days. Any person operating a short-term rental within any residential district in the City of Orinda must register by completing a Short-Term Rental Registration Form. You may apply in person at the City of Orinda Planning Department or via U.S. mail (Attn: Planning Dept).

To register, complete the Registration Form as well as the enclosed Transient Occupancy Tax Registration Certificate Form. A registration fee of \$103 is due when submitting your forms. This Short-Term Rental Registration is valid one year from date of issuance and is subject to renewal annually.

NOTE: Private property regulations such as deed restrictions or Conditions, Covenants, and Restrictions (CC&R's) of homeowners' associations may restrict or prohibit homestays even if such use is allowed by City Regulations. Applicants are encouraged to determine compliance with all applicable private regulations before applying for City approval.

1. **RENTAL PROPERTY INFORMATION** (One Form PER rental address. Separate registration required for each address.)

Address of short-term rental: _____

Assessor's Parcel Number (APN): _____

Type of Rental (Circle the applicable rental code listed below):

01 Entire Home	03 Triplex	05 Bed & Breakfast	07 Condo
02 Duplex	04 Apartment	06 Room Rental in Home	08 Guest House

Total number of bedrooms on the property: _____

(The total # of all bedrooms on the property including those not within the rental unit.)

Number of off-street parking spaces: _____ covered _____ uncovered

Will this short-term rental be hosted? Yes No

("Hosted" means the property owner or operator/agent will be occupying the property when guest(s) are present.)

Date your short-term rental was first operational: _____

What website(s) are your short-term rental listed on? _____

Name/Title of your short-term rental? _____

2. **PROPERTY OWNER INFORMATION**

Property Owner Name(s): _____

Type of Ownership:

Individual: _____ Partnership: _____ Trust: _____ Corporation: _____ LLC: _____ Other (describe): _____

Mailing Address: _____

Contact Phone*: _____ Email: _____

***The Planning Department may provide your phone number to neighbors if issues with your short-term rental guests arise. If you would prefer an alternate phone number to be provided to neighbors, please list it here: _____**

3. **OPERATOR/AGENT CONTACT INFORMATION** (If different from property owner.)

Operator/Agent must be available 24/7 to accept telephone calls and respond physically within 30 minutes when the short-term rental is rented.

Name: _____ Phone*: _____

Address: _____ Email: _____

***The Planning Department may provide your phone number to neighbors if issues with your short-term rental guests arise. If you would prefer an alternate phone number to be provided to neighbors, please list it here: _____**

4. ACKNOWLEDGEMENT

- | | |
|---|---|
| A. The short-term rental is in compliance with Orinda Municipal Code Section 17.3.12 – Short-term rentals. | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| B. All construction at the property containing the short-term rental was conducted in compliance with building codes applicable at the time. | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| C. The short-term rental is in compliance with all local, state, and federal health and safety requirements, including those regarding smoke detectors, fire alarms, and fire extinguishers. | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| D. I agree to limit the total number of occupants on my property to 2 people per bedroom plus 3 additional people while the short-term rental is being rented. | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| E. I agree to comply with all City regulations including those regarding noise, parking, and occupancy. | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| F. I agree to NOT use the short-term rental for any use or event that would require a Temporary Event Permit, pursuant to Orinda Municipal Code Section 17.37. | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| G. I agree that the short-term rental registration is non-transferrable. | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| H. I agree that my property will only have one short-term rental at any given time. | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| I. I agree to include my registration number in any written advertisements for my short-term rental, if allowed by the online platform. | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| J. I agree that either I or operator/agent will be available 24/7 to accept telephone calls and be able to respond physically within 30 minutes when the short-term rental is rented. | <input type="checkbox"/> Yes
<input type="checkbox"/> No |

Violation of Registration. Upon confirmation of violations of this section or other information alleging that a short-term rental has violated or is in violation of any applicable laws, regulations, or other requirements, including, but not limited to, the requirements of this section, the Planning Department may commence enforcement in accordance with Orinda Municipal Code Title 19.

Property Owner Signature Required: The City of Orinda requires the property owner’s signature when issuing a Short Term Rental Registration. The City of Orinda obtains property ownership information from the Contra Costa County Tax Assessor’s office. If we cannot verify current ownership information, we may ask for documentation to verify ownership.

I certify under penalty of perjury that the above information is true and correct, and that I understand and agree to abide by City of Orinda Municipal Code Section 17.3.12. I agree to hold harmless, indemnify and defend the City against claims and litigations arising from or related to the issuance of the short-term rental registration. I agree to immediately report if my rental is discontinued and/or any change in ownership or mailing address.

Property Owner’s Signature

Print Name

Date

Operator/Agent Signature

Print Name

Date

Staff Use Only:

Approved by: _____	Issued Date: _____
Maximum # of Occupants: _____	Date of Expiration: _____



City of Orinda
Finance Department
22 Orinda Way, Orinda, CA 94563 (925) 253-4223

**TRANSIENT OCCUPANCY TAX REGISTRATION CERTIFICATE APPLICATION
SUPPLEMENT TO SHORT TERM RENTAL FORM**

PLEASE PRINT CLEARLY or TYPE (TO BE COMPLETED BY THE OWNER OR AGENT)

1. RENTAL PROPERTY ADDRESS: _____

2. PROPERTY OWNER INFORMATION:

Property Owner Name(s)

Owner E-Mail Address

(____) _____
Telephone

TAX CERTIFICATE HOLDER / OPERATOR INFORMATION (Contact for Filing Quarterly Reports):

3. OPERATOR / AGENT

<input type="checkbox"/>	CHECK BOX IF SAME AS PROPERTY OWNER
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Operator / Agent Name(s)

Operator Mailing Address

City

State

Zip Code

Operator E-Mail Address

(____) _____
Telephone

The information on this form will be used in conjunction with the initial Short-Term Rental Registration Form to establish the Operator as required under section 3.12.060 of the Orinda Municipal Code related to Transient Occupancy Tax.

I certify, under penalty of perjury, that the above information is true and correct to the best of my knowledge.

Closing the rental or any change in ownership requires the return of the certificate and, if applicable, a new application. Please report any change in mailing address and/or contact information immediately.

Authorized Signature

DATE

Printed Name: