



City of Santa Clara

The Center of What's Possible

SANTA CLARA TOURISM IMPROVEMENT DISTRICT ASSESSMENT (TID) OVER THIRTY-DAY EXEMPTION FORM

In order to qualify for an over thirty-day exemption, prior to occupancy, this form must be completed in full by the operator and signed by the occupant. Absent such obligatory agreement, occupant is deemed to be a transient and subject to Santa Clara Tourism Improvement District Assessment for exercising occupancy for a period of thirty consecutive calendar days or less. Please complete in ink.

Room Rate: \$ _____ Check one: Daily Weekly Monthly Room Number: _____ (or attach listing if multiple rooms)

Period of Residency: m/d/yr _____ to m/d/yr _____

A. The UNDERSIGNED hereby request to be exempted from paying the Santa Clara Tourism Improvement District Assessment in the amount of \$ _____ because the tenancy is for more than thirty consecutive calendar days.

B. \$ _____ x $\frac{30}{\text{Number of Days Subject to TID exemption}}$ = \$ _____
Daily Room Rate Total Rent Subject to TID Exemption

\$ _____ x $\frac{2.0\%}{\text{TID Assessment}}$ = \$ _____
Daily Room Rate Daily TID Rate

\$ _____ x $\frac{30}{\text{Number of Days Subject to TID assessment exemption}}$ = \$ _____
Daily TID Rate Total TID Subject to Exemption

OCCUPANT AFFIDAVIT:

I hereby certify that I have been exempted from Santa Clara Tourism Improvement District Assessment in the amount of \$ _____. I understand that this agreement obligates me to pay rent to the hotel/motel operator for the right of exercising occupancy in excess of thirty (30) consecutive days. Although I may not exercise occupancy for a period in excess of thirty (30) consecutive days, I shall be liable to the operator for rent for the period of time agreed upon. I declare under penalty of perjury that to the best of my knowledge and belief the statements made herein are correct and true.

Printed Name Occupant

Signature of Occupant

Telephone

Date

FOR HOTEL USE ONLY

Hotel Note: Exemption is granted to occupant. This form must be signed by the occupant. Make copy and provide occupant with photocopy. Hotel must file and maintain original for minimum of three years.

Name of Hotel/Motel: _____

Name of Hotel/Motel Employee: _____