Santa Cruz County Tourism Marketing District
Assessment Submittal Form

(Note: This is a countywide assessment, not a city tax)

For the month of: _____ (**Effective date of this form is July 1, 2015**)

Business Name: _____

Mailing Address: _____

Number of Hotel Rooms or Rental Units: _____

Contact Person: _____

Rental Location
Street address: _____

TOURISM MARKETING DISTRICT ASSESSMENT:

1.) Total number of occupied room nights sold in this month: ..... (1) [ ]

2.) Deductions: ☐ Long Term (more than 30 consecutive days) ☐ Other_____ ..... (2) [ ]

3.) Total room nights assessed (line 1 minus line 2): ..... (3) [ ]

4.) Enter your Tier Rate: Tier 1 $1.75, Tier 2 $2.25, Tier 3 $2.50, Tier 4 $3.00: ..... (4) [ ]

5.) **Total Assessment Due: (line 3 x line 4) :** ..... (5) [0]

PENALTY AND INTEREST CALCULATIONS:

6.) **Penalty & Interest** (if any). **DO NOT** complete this section unless your payment is remitted after the due dates stated below.

- Number of days past due: ..... (6a) [ ]
- **Penalty:** 10% of the fees due: 1st month past due: multiply **line 5** by **10%** (6b) [ ]
  2nd month past due: multiply **line 5** by **10%** (6c) [ ]
  Total Penalties **line 6b plus 6c**: (6d) [ ]
- Fraction of month past due: divide **line 6a** by **30** and enter on line 6e: (6e)[ ]
- **Interest: 1.5%** of the tax due per month or fraction thereof:
  >Multiply **line 5** x **line 6e** x **1.5%** ..... (6f) [ ]

7.) Total penalties and interest (Add **lines 6d** and **6f**) ..... (7) [0]

8.) **TOTAL DUE CITY OF CAPITOLA** (Add **line 5** and **line 7**) ..... (8) [0]

This form and any amounts due must be received or postmarked by the **10th of the month for the prior monthly period**. If the 10th falls on a weekend or Holiday, the due date will be the next business day. You must complete and return this form for each month, whether or not any activity occurred. Please make your check payable to **CITY OF CAPITOLA**.

Under penalties of perjury, I declare that I am authorized to submit this application and that I have examined this return and, to the best of my knowledge and belief, it is true, accurate and complete and in accordance with Section 3.32 of the Capitola Municipal code.

_____ _____
Preparer's name (please print) Title Signature Date