



**CITY OF SANTA BARBARA**  
**TRANSIENT OCCUPANCY TAX**  
**Claim for Tax Exemption**

This form must be completed by persons claiming exemption from the transient occupancy tax of the City of Santa Barbara. Room occupancy is exempt from such taxation only when expressly exempted **federal law or treaty**. Any exemption applies only to those days during which you are engaged in business for your employer and not to other days of your occupancy. Please PRINT all information.

**No Exemption Allowed for: State, County, or City employees, Non-Profit Organizations, Universities/Schools, Religious Organizations, or Federal Government Contractors**

Check appropriate box for employer type:

- ☐ Federal Government Employee (including Military/national Guard) *on official business only (NOT contractors)*
- ☐ Federal Credit Union Employee or Amtrak Employee *on official business only*
- ☐ Representatives of Foreign Governments *(with U.S. Issued Diplomatic Tax Exemption Photo ID Card)*
- ☐ American Red Cross *(with A.R.C. ID and on official business only)*
- ☐ Federally Recognized Indian Tribes *(on official business only)*

Hotel or Motel Name:	
Address:	
Name of person Occupying Room and Claiming Exemption:	
Title:	Business Phone Number:
Name of Exempt Employer/Agency:	Department:
Employer/Agency Address (include street, city, and zip code):	
Purpose of Stay:	
Name and phone number of Supervisor to verify Business Purpose:	
Date(s) of occupancy covered by this exemption:	

**Certification**

I certify that this occupancy is exempt from the payment of any transient occupancy taxes of the City of Santa Barbara for the reason stated above. I acknowledge and agree that I am liable for payment of the applicable transient occupancy tax of the City of Santa Barbara for my occupancy on any days to which the exemption does not apply.

I certify and declare under penalty under the laws of the State of California that the foregoing is true and correct. Executed at Santa Barbara, California on \_\_\_\_\_.

\_\_\_\_\_  
Signature of Person Occupying Room

\_\_\_\_\_  
Printed Name of Person Occupying Room

***TO BE COMPLETED BY HOTEL/OPERATOR STAFF***

Documentation Reviewed & Verified by:		
Print Hotel Employee's Name	Signature of Hotel Employee	Date

**Documentation supporting this exemption shall be retained for future audit and attached to this completed and signed form. Incomplete information and documentation may result in disallowed exemption. Questions regarding Transient Occupancy Taxes exemptions should be directed to: (805)564-5346 or email: [accountsreceivable@santabarbaraca.gov](mailto:accountsreceivable@santabarbaraca.gov)**