



GPSTBID ASSESSMENT REGISTRATION FORM
JPA Resolution No. 2020-005

DATE: _____

ACCOUNT NO. _____
(To be assigned by Visit Greater Palm Springs)

OPERATOR (person preparing all GPSTBID documents):

- 1. Operator Name: _____ Title: _____
2. Operator Mailing Address: _____
3. Operator Phone: _____ *Email Address: _____
*Must be included for courtesy billing reminders.

BUSINESS (name of business whom Operator works for):

- 4. Not Applicable []
5. Business Name: _____
6. Business Type: Individual Corporation Partnership Other _____
7. Business Mailing Address: _____
8. Business Phone: _____
9. Names of Partners or Corporation Officers:
(Name) (Title) (Address)
(Name) (Title) (Address)

OWNER (person who owns the rental property):

- 10. Same Information as Operator []
11. Owner Name: _____
12. Owner Mailing Address: _____
13. Owner Phone: _____ Email Address: _____

RENTAL PROPERTY:

- 14. Riverside County Short-Term Rental Permit No.: _____
15. Rental Address: _____
16. Date of First Short-Term Rental: _____

SIGNATURE: _____ TITLE: _____

RETURN THIS REGISTRATION FORM TO THE ADDRESS LISTED ON THE TOP OF THIS FORM OR EMAIL TO:
JOSH@VISITGREATERPS.COM

For Questions Regarding the GPSTBID Registration, Contact Visit Greater Palm Springs at (760) 969-1333 or Josh@VisitGreaterPS.com
Visit GPSTBID.com for more information.