



Please send completed Return with Payment to:

**CITY OF OAKLAND**  
**OAKLAND TOURISM BID 2015**  
**150 Frank H Ogawa Plaza, Suite 5342**  
**Oakland, California 94612**

↑ **For Office Use Only** ↑

If this is your final month's remittance, check here and provide the effective date (month, day, year) in which you discontinued operation of the hotel/motel listed below: \_\_\_\_\_

**OAKLAND TOURISM BUSINESS IMPROVEMENT DISTRICT 2015 ASSESSMENT REMITTANCE FORM**

Pursuant to the City of Oakland Resolution adopted by the Oakland City Council on July 21, 2015 and effective as of August 1, 2015, the Oakland Tourism Business Improvement District 2015 ("OTBID") Assessment is assessed on all hotels/motels with 50 OR MORE GUEST ROOMS located within the city of Oakland.

The OTBID Assessment is \$1.50 per occupancy per night. The OTBID Assessment is not assessed on 1) the portion of stays exceeding thirty (30) consecutive days; 2) on stays by any officer or employee of a foreign or domestic government on official business, provided billing is made directly to and payment is received from the government agency qualifying for the exemption; and 3) room rentals pursuant to contracts executed prior to August 1, 2015. **This form, accompanied by the payment, must be filed on or before the 10<sup>th</sup> day following the close of the month.**

**BUSINESS NAME:** \_\_\_\_\_ **ACCOUNT NUMBER:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_ **PERIOD ENDING:** \_\_\_\_\_

- 1. Total Number of Occupied Rooms for the reporting period \_\_\_\_\_
- 2. Total Number of Exempt Occupied Rooms (see explanation above) \_\_\_\_\_
- 3. Total Number of Occupied Rooms subject to OTBID Assessment (Subtract line 2 from line 1) \_\_\_\_\_
- 4. OTBID Assessment (Multiple line 3 by \$1.50) \$ \_\_\_\_\_
- 5. Credit (if previously approved by this office) \$ \_\_\_\_\_
- 6. Net OTBID Assessment (Subtract line 5 from line 4) \$ \_\_\_\_\_
- 7. Penalty – 10% for late payment \$ \_\_\_\_\_
- 8. Interest – 0.50% of fee plus penalty per month or fraction thereof, for late payment, until paid \$ \_\_\_\_\_
- 9. Adjusted OTBID Assessment Due (add lines 6 through 8) \$ \_\_\_\_\_
- 10. Payment Enclosed \$ \_\_\_\_\_

**Note: A separate return must be filed for each reporting period and each business location.**

Please make check payable to: **City of Oakland, Oakland Tourism BID 2015**

Mail original completed return with payment to the above address and make a copy for your records. DO NOT change any of the pre-printed information on this Oakland Tourism Business Improvement District 2015 Return.

A payment is considered delinquent if both the payment and subsequent OTBID Remittance form are not BOTH received on or before the due date.

***I declare under penalty of perjury that to the best of my knowledge all information contained in this statement is true and correct.***

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**