



STEUBEN COUNTY TREASURER'S OFFICE
 3 EAST PULTENEY SQUARE
 BATH, NY 14810
 607-776-9631

CERTIFICATE OF REGISTRATION
Application for Certificate of Authority to Collect Hotel Room Occupancy Tax

PLEASE PRINT OR TYPE

ALL QUESTIONS MUST BE ANSWERED

Federal ID or SS # _____ Phone: _____

1. Business / Owner Name: _____

2. Mailing Address: _____

3. Location of Business: _____

4. E-Mail Address: _____

5. List Name and Home Address of Individual, partners, or Principal Officers (If Corp)

NAME

HOME ADDRESS

TITLE

5. Number of Rooms: _____

6. Type of Establishment: *Hotel*____ *Motel*____ *B & B*____ *Other:*_____

7. Type of Ownership: *Individual*____ *Partnership*____ *Corporation*____

8. Date Started Business in Steuben County: _____

9. If acquired after January 1, 1988

Former owner/Business name _____

Registration Number (if known) _____

10. Do you operate any other establishments in Steuben County? Yes____ No____

If yes: Where is it located? _____

Do you prefer to file: _____ Consolidated Return
 _____ Separate Return for each Location

I hereby certify that the statements made herein have been examined by me, and are to the best of my knowledge and belief, true and complete.

Name: _____

Date: _____

Title: _____