

SULLIVAN COUNTY – NEW YORK
TREASURER'S OFFICE
100 NORTH STREET
MONTICELLO, NEW YORK 12701
PHONE # 845-807-0207
FAX # 845-807-0220



ID.NO.
(TO BE ASSIGNED BY COUNTY)

APPLICATION FOR CERTIFICATE OF AUTHORITY TO COLLECT HOTEL AND MOTEL OCCUPANCY TAX

ALL QUESTIONS MUST BE ANSWERED (Please type or print)

Federal ID or Social Security # _____

1. Business Name: _____ Telephone: _____

2. Owner's Name: _____ FAX #: _____

3. Mailing Address: _____

E-mail address: _____ Property Tax Map #: _____

4. Facility Name (if different than above): _____ Telephone: _____

5. Facility Address (if different than mailing address): _____

6. Type of Ownership: Individual Partnership Corporation Other: _____

7. **List below name and home address of ALL individuals, partners, or principal officers** (if corporation)

NAME	HOME ADDRESS	TITLE	PHONE NO.
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. If acquired from former owner, date business purchased: _____

Name of former owner: _____

9. Type of Establishment: Hotel Motel Bed & Breakfast Other: _____

10. Number of Rooms: _____ 11. Date business started in Sullivan County _____

12. Type of Business: Year-Round Seasonal (operates 6 months or less per year)

Filing frequency: Quarterly Annually (9/1-8/31 of each year)

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.

Date: _____ Signature: _____

Printed Name: _____ Title: _____

PENALTIES: Any owner who willfully fails to file a registration form shall be liable to the penalties provided by law.