



(Inputs in white areas only)

Schuyler County - Treasurer's Office
105 9th Street - Unit 17
Watkins Glen, NY 14891
(607) - 535-8181



Certificate of Registration and Application for
Certificate of Authority to Collect Hotel Room Occupancy Tax

All questions MUST be answered
Please Print or Type

I.D.No. H-

(Insert Federal I.D. Number in Box)

1. Business Name: _____
(Individual, Trade Name, or Corporate Name)

2. Mailing Address: _____
(Street) (City) (State & Zip)

3. Business Location: _____
(Street) (City) (State & Zip)

4. Phone: _____ Fax: _____

5. List below Name and Home Address of Individual, Partners or Principal Officer (If Corporation)
(Name) (Home Address) (Title)

6. Number of Rooms: _____

7. Type of Establishment: Hotel _____ Motel _____ B&B _____ Other _____

8. Type of Ownership: Individual _____ Partnership _____ Corporation _____

9. Date started in business in Schuyler County: _____

10. If acquired from former owner:
Name under which it operated previously: _____
Former Owners Registration Number: _____

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: _____

Name: _____

Title: _____