



STEUBEN COUNTY FINANCE OFFICE  
 3 EAST PULTENEY SQUARE  
 BATH, NY 14810  
 607-664-2493

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

<u>NAME</u>	<u>HOME ADDRESS</u>	<u>TITLE</u>

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.***

Date: \_\_\_\_\_ Name: \_\_\_\_\_  
 Title: \_\_\_\_\_