



STEUBEN COUNTY FINANCE OFFICE
3 EAST PULTENEY SQUARE
BATH, NY 14810
607-664-2490

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) Address of Business: _____

4) Email Address: _____

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

NAME

HOME ADDRESS

TITLE

6) Number of Rooms: _____

7) Type of Establishment (select one): Hotel _____ Motel _____ Inn _____ B&B _____

Short-Term Rental (specify web platform): _____ Other (specify): _____

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

9) Date Started Business in Steuben County: _____

10) If Recently Acquired, Name of Former Owner / Business Name _____

Registration Number (if known) _____

11) Do you operate any other establishments in Steuben County? Yes _____ No _____

If yes: Where is it / are they located? _____

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 (printed): _____ Signature: _____

Title: _____ Date: _____