

County of Ulster Hotel and Motel Room Occupancy Tax Registration Form

Application for Certificate of Authority to
Collect Tax on Occupancy of Hotel/Motel Rooms

All Questions MUST be answered:

Please Type or print

1. Business Name: _____
2. Business Address: _____
3. Location of Business: _____
4. Telephone Number: _____
5. E-mail address: _____
6. Tax ID Number: _____
7. List below name(s) and home address (s) of individuals, partners or principal officers (if corporation)

8. State of Incorporation (if corporation): _____
9. Date of incorporation or date authorized to do business in NY: _____
10. Number of Rooms: _____
11. Type of Establishment: _____

_____ Hotel _____ Motel _____ Bed & Breakfast _____ Other: _____
12. Type of Ownership: _____ Individual _____ Partnership _____ Corporation
13. Type of Business: _____ Year-Round _____ Seasonal (Operates less than 6 months/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: _____

Any operator who willfully fails to file a registration or files an incorrect registration form shall be liable to the penalties provided by law.

Mail to: Ulster County Department of Finance, PO Box 1800, Kingston, NY
12402