

UCID# (to be assigned by Ulster County) _____

County of Ulster Occupancy Tax REGISTRATION FORM

Application for Certificate of Authority to Collect Tax on Occupancy of Hotel, Motel, and Short-Term Rental Units
**To be completed by the operator responsible for tax collection and reporting obligations under
Ulster County's Hotel & Motel Room Occupancy Tax Law, or their designee.**

1. Establishment or Operator Name: _____
(Name to be printed on Certificate of Authority)
2. Establishment Full Address: _____
3. Contact Telephone #: (_____) _____
4. Contact Email Address: _____
5. List owner's name(s) and mailing address(es) and phone number(s) if different than above:
 1. _____ 2. _____
 - _____
 - _____
 - Owner phone # _____ Owner phone # _____
- A. Property Manager (if different from owner): _____
Phone-number: _____ Company or Individual Name
Email Address: _____
6. Type of Establishment:
___ Hotel ___ Motel ___ Bed & Breakfast ___ Other(specify): _____
7. Platforms Used: ___ Airbnb ___ VRBO ___ Booking.com ___ Other(specify) _____
8. Type of Ownership: ___ Individual ___ Partnership ___ Corporation
9. If incorporated, date authorized to do business in NY: _____
10. Tax ID Number or SS# of Operator: _____
11. Establishment Website: _____

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.

Email to: str-tax@co.ulster.ny.us

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