

UCID# _____

County of Ulster Occupancy Tax REGISTRATION FORM

Application for Certificate of Authority to Collect Tax on Occupancy of Hotel, Motel, and Short-Term
Rental Rooms

All Questions MUST be answered:

(Please type or print)

1. Establishment Name: _____
(If not applicable, enter N/A)
2. Establishment Address: _____
3. Establishment Telephone #:(_____) _____
4. Tax ID Number or SS#: _____
5. List owner's name(s) and mailing address(s) and phone number(s) if different than above:
1. _____ 2. _____

Owner phone # _____ Owner phone # _____
6. Type of Establishment:
____ Hotel ____ Motel ____ Bed & Breakfast ____ Other: _____
(ex. Air BnB, VRBO)
7. Type of Ownership: ____ Individual ____ Partnership ____ Corporation
8. If incorporated, date authorized to do business in NY: _____
9. Email Address: _____
10. 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.

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