

**COUNTY OF CAYUGA – COUNTY TREASURER’S OFFICE
HOTEL/MOTEL TAX**

160 Genesee St., 5th Floor
Auburn, NY 13021
Telephone: 315-253-1211

CERTIFICATE OF REGISTRATION

And Application for Certificate of Authority to collect Hotel/Motel Room Occupancy Tax

All questions must be answered
Please print or Type

ID. No. H-

1. Business Name: _____ Phone: _____
(Individual, Trade Name, or Corporate Name)

2. Mailing Address: _____
(Street) (City) (State) (Zip)

3. Location of Business: _____
(Street) (City) (State) (Zip)

4. List Below Name and Home Address of Individual, Partners or Principal Officers (If Corp.):
NAME HOME ADDRESS TITLE

5. Type of Establishment: Hotel _____ Motel _____ Other (Specify) _____

6. Type of Ownership: Individual _____ Partnership _____ Corporate _____

7. Date started business in Cayuga County: _____
(if subsequent to January 1, 1995)

8. If acquired from former owner after January 1, 1995:
Name under which it operated _____
The Registration Number _____

9. Number of places of business (or branches) that applicant conducts in Cayuga County: _____

10. If more than one branch of the same business conducted, do you prefer to file a Consolidated
Return _____ OR a 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 _____

