

**APPLICATION FOR CERTIFICATE OF AUTHORITY TO COLLECT
SULLIVAN COUNTY HOTEL AND MOTEL ROOM OCCUPANCY TAX**

(Pursuant to Local Law 5 of 1989 of the County of Sullivan, New York)

SULLIVAN COUNTY TREASURER'S OFFICE, 100 NORTH STREET, MONTICELLO, NY 12701

PHONE: (845) 807-0210; FAX # 845-807-0220; EMAIL: roomtax@co.sullivan.ny.us

ALL QUESTIONS MUST BE ANSWERED (Please type or print)

1. Business Name: _____ Telephone: _____

2. Owner's Name: _____ FAX # _____

3. Mailing Address: _____

4. Email Address: _____

5. Property Tax Map # (S/B/L): _____

6. Facility Name (if different than above): _____

7. Facility Address (physical location of rental property): _____

8. Type of Ownership: ___ Individual ___ Partnership ___ Corporation ___ Other: _____

9. **List below name and home address of ALL individuals, partners or principal officers** (if a corporation)

NAME	TITLE	HOME ADDRESS	PHONE NO.
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10. If acquired from former owner, date business purchased: _____

Name of former owner: _____

11. Type of Establishment: ___ Hotel ___ Motel ___ Bed & Breakfast ___ Home ___ Other: _____

12. Type of Business: _____ Year Round Operation _____ Seasonal (operates 6 months or less per year)

13. Number of Available Rentals: (H) _____ (M) _____ (B&B) _____ (House) _____ (Other) _____

14. Date business started operation in Sullivan County: _____

I hereby certify that the statements made herein have been examined by me and are, to the best of my knowledge and believe, true and complete.

Date: _____ Signature of Owner: _____

Print Name: _____ Title: _____

PENALTIES: Any owner who willfully fails to file a registration form shall be liable to the penalties provided by law.