



**OFFICE OF THE COUNTY TREASURER**

143 North Main Street, Suite 210

Warsaw, NY 14569

Telephone 585-786-8812 Fax 585-786-0466

**REGISTRATION AND APPLICATION  
FOR CERTIFICATE OF AUTHORITY  
TO COLLECT GUEST ROOM OCCUPANCY TAX**

ALL QUESTIONS MUST BE ANSWERED

PLEASE PRINT OR TYPE

1) **BUSINESS NAME:** \_\_\_\_\_

PHONE: \_\_\_\_\_

2) **MAILING ADDRESS:** \_\_\_\_\_

EMAIL: \_\_\_\_\_

CITY, STATE ZIP: \_\_\_\_\_

3) **LOCATION OF RENTAL:** \_\_\_\_\_

4) NUMBER OF ROOMS:

CITY, STATE ZIP: \_\_\_\_\_

5) **LIST BELOW THE NAME AND HOME ADDRESS OF INDIVIDUAL, PARTNERS OR PRINCIPAL OFFICERS (IF CORPORATION)**

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

6) **TYPE OF BUSINESS:** HOTEL/MOTEL  OTHER

7) **TYPE OF OWNERSHIP :** INDIVIDUAL

PARTNERSHIP  CORP

8) **DATE STARTED IN BUSINESS IN WYOMING COUNTY :** \_\_\_\_\_ (IF SUBSEQUENT TO SEPTEMBER 1, 2005)

9) **IF ACQUIRED FROM FORMER OWNER AFTER OCTOBER 1, 2005:**

FORMER NAME UNDER WHICH HE/SHE OPERATED: \_\_\_\_\_

HIS/HER REGISTRATION NUMBER: \_\_\_\_\_

10) **HOW MANY PLACE(S) OF BUSINESS (OR BRANCHES) DOES THE APPLICANT CONDUCT IN WYOMING COUNTY** \_\_\_\_\_

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.

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_

PLEASE SHARE MY BUSINESS REGISTRATION INFORMATION WITH THE WYOMING COUNTY TOURISM PROMOTION AGENCY FOR INFORMATION AND STATISTICAL PURPOSES. INITIAL \_\_\_\_  
INSERT FEDERAL IDENTIFICATION NUMBER

ID NO:
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