



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: