



## 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: \_\_\_\_\_