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: ____________________________________________

2) MAILING ADDRESS: _________________________________________
   CITY, STATE ZIP: ____________________________

3) LOCATION OF RENTAL: ______________________________________
   CITY, STATE ZIP: ____________________________

4) NUMBER OF ROOMS: __________________________

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

   NAME: ____________________________________________
   HOME ADDRESS: ____________________________

   NAME: ____________________________________________
   HOME ADDRESS: ____________________________

6) TYPE OF BUSINESS: HOTEL/MOTEL  □ OTHER
   PARTNERSHIP □ CORP □

7) TYPE OF OWNERSHIP : INDIVIDUAL □

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: