



Washington County Treasurer's Office

383 Broadway
 Fort Edward, New York 12828
 518-746-2220

WASHINGTON COUNTY CERTIFICATE OF REGISTRATION FORM Application for Certificate of Authority to Collect Hotel Occupancy Tax

Please print or type

All questions must be answered

REGISTRANT INFORMATION			
Registrant's Business Name		NYS Sales Tax Identification Number	
Telephone Number and Fax Number		Federal Employer or Social Security ID Number	
Address of Principal Business Location	PO Box (if any)	Town/Village	Zip Code
Name of Contact Person	Title or Position	Telephone Number	

TYPE OF BUSINESS/CORPORATION						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Other _____

REGISTRANT'S OWNER(S), CORPORATE OFFICERS, PARTNERS AND/OR MEMBERS			
Name	Residence Address	Telephone Number	Title/Capacity

TYPE OF BUSINESS & NUMBER OF ROOMS/UNITS					
<input type="checkbox"/> Hotel	<input type="checkbox"/> Motel	<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> Boarding House	<input type="checkbox"/> Vacation Apt./Condo/Timeshare	<input type="checkbox"/> Other (specify)
# of Rooms/ Units	# of Rooms/ Units	# of Rooms/ Units	# of Rooms/ Units	# of Rooms/ Units	# of Rooms/ Units
_____	_____	_____	_____	_____	_____

PERIOD(S) FOR WHICH ROOMS/UNITS RENTED & RANGE OF RATE(S) CHARGED (check all that apply)					
<input type="checkbox"/> Daily	<input type="checkbox"/> Weekend	<input type="checkbox"/> Less than 7 consecutive days	<input type="checkbox"/> More than 7 consecutive days	<input type="checkbox"/> At least 30 days	<input type="checkbox"/> Other (specify)
_____	_____	_____	_____	_____	_____
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Estimated Average Gross Monthly Income from Room/Unit Sales/Rentals					\$ _____

PERIOD USED FOR FILING NYS SALES TAX RETURNS (check and complete applicable box)			
<input type="checkbox"/> Annual (specify)	<input type="checkbox"/> Quarterly (specify)	<input type="checkbox"/> Monthly	<input type="checkbox"/> Other (specify)
From _____ To _____	1st Quarter- _____ 2nd Quarter- _____ 3rd Quarter- _____ 4th Quarter - _____		From _____ To _____

UNDER THE PENALTIES OF PERJURY, I HEREBY DECLARE THAT I HAVE EXAMINED THIS RETURN AND THE INFORMATION CONTAINED HEREIN AND, TO THE BEST OF MY KNOWLEDGE, BELIEVE THE SAME ARE TRUE, CORRECT AND COMPLETE.

Signature	Print Name and Title	Date
_____	_____	_____

COMPLETE AND MAIL THIS REGISTRATION FORM TO:
Washington County Treasurer
383 Broadway
Fort Edward, New York 12828

