

**COUNTY OF MONROE - DEPARTMENT OF FINANCE
HOTEL TAX DIVISION**

39 West Main Street Room 402, Rochester, New York 14614 Telephone 753-1206

**CERTIFICATE OF REGISTRATION
and Application for Certificate of Authority to Collect Hotel Room Occupancy Tax**

ALL QUESTIONS MUST BE ANSWERED
PLEASE PRINT OR TYPE

NEW CERTIFICATE # H- <i>(OFFICE USE ONLY)</i>
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1. **Business Name:**.....Phone.....
(Individual Trade Name or Corporate Name)

2. **Mailing Address:**
(Street) (City) (State) (Zip)

3. **Hotel/Motel Name:**.....

4. **Hotel/Motel Address:**.....
(Street) (City) (State) (Zip)

5. **List Below Name and Home Address of Individual, Partners or Principal Officers (If Corp.)**

NAME	HOME ADDRESS	TITLE	SOCIAL SECURITY #
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6. **Type of Establishment (Check One)** Hotel Motel Other.....

7. **Type of Ownership (Check One)** Individual Partnership Corporation

8. **Date applicant begins (began) operating business in Monroe County**.....

9. **If acquired from former owner:**
Business name under which former owner operated.....

Former owner's Certificate Number H-.....
(Former owners Certificate of Authority must be returned to this office)

10. **How many places of business (or branches) does the applicant operate in Monroe County?** (List each Location and Certification Number on reverse side)

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.

Date Name

Title

(See reverse side)

