



Orange County – New York  
 Department of Finance  
 Orange County Government Center  
 265 Main Street, Goshen, NY 10924  
 Phone: 845-291-2488 Fax: 845-291-2516

I.D. No. H-  
 (TO BE ASSIGNED BY COUNTY)

**APPLICATION FOR CERTIFICATE OF AUTHORITY  
 TO COLLECT HOTEL AND MOTEL OCCUPANCY TAX**

ALL QUESTIONS MUST BE ANSWERED (Please type or print)

**Federal ID or Social Security #** \_\_\_\_\_

1. Business Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

2. Owner's Name: \_\_\_\_\_ Operator's Name: \_\_\_\_\_

3. Business Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

4. Hotel Name (if different than above): \_\_\_\_\_ Telephone: \_\_\_\_\_

5. Hotel Address (if different than above): \_\_\_\_\_

6. **List below name and home address of ALL individuals, partners, or principal officers (if corporation)**

NAME	HOME ADDRESS	TITLE	PHONE NO.
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7. Number of Rooms: \_\_\_\_\_ 8. Date business started in Orange County: \_\_\_\_\_

9. If acquired from former owner, date business purchased: \_\_\_\_\_

Name of former owner: \_\_\_\_\_

10. Type of Establishment:  Hotel  Motel  Bed & Breakfast  Other: \_\_\_\_\_

11. Type of Ownership:  Individual  Partnership  Corporation  Other: \_\_\_\_\_

12. Type of Business:  Year-Round  Seasonal (operates 6 months or less per year)

13. Do you operate any other establishments:  yes  no

If yes, list names and locations: \_\_\_\_\_

**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: \_\_\_\_\_, 2 \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

**PENALTIES:** Any owner who willfully fails to file a registration form shall be liable to the penalties provided by law.