



Chautauqua County Director of Finance
COUNTY OF CHAUTAUQUA
3 North Erie Street
Mayville, NY 14757

CERT: _____

CERTIFICATION OF REGISTRATION
Application for Certificate of Authority to Collect Occupancy Tax

PLEASE PRINT OR TYPE FEDERAL ID or SS# _____

1. Business/ Owner Name: _____
2. Mailing Address: _____
3. Location of Business: _____
4. List Below Name, Home Address, Telephone Number, E-mail Address of Main Contact Person
NAME HOME ADDRESS TELEPHONE

E-MAIL: _____

5. Type of Establishment: Hotel Motel Condominium House
 Bed & Breakfast Cottage Apartment Other _____
Specify

6. Number of Rooms/Units: _____

7. Type of Ownership: Individual Partnership Corporation

8. Date Started Business in Chautauqua County: _____

9. If acquired after December 1, 2003:

Former owner/Business name _____

Registration number (if known) _____

10. Do you operate any other establishment? Yes No
If yes, where is it located? _____

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 _____