CERTIFICATE OF REGISTRATION

COUNTY OF ONEIDA

HOTEL OCCUPANCY TAX

DEPARTMENT OF FINANCE

County Office Building 800 Park Avenue Utica, New York 13501 Telephone: 798-5750

Application for Certification of Exemption/Certification of Authority to Collect Hotel Room Occupancy Tax

ALL questions wast be answered	
Please print or type	ID. NO. H—
1. Business Name:	Phone:
2. Mailing Address:	
3. Location of Business:	
4. List below names and home addresses	of individual, partners or principal officers (If corp.)
NAME	HOME ADDRESS TITLE
5. Number of rooms:	
6. Type of Establishment: Hotel \square	Motel Other
7. Type of Ownership: Individual 🗗	Partnership ☐ Corporation ☐
8. Type of Business: Year-round	Seasonal □ (Operates 6 months or less a year)
9. Date started in business in Oneida Cou	(If subsequent to October 1, 1984)
10. If acquired from former owner after (October 1, 1984:
Name under which he opera	ted
His registration number	
I hereby certify that the statements made and complete.	e herein have been examined by me, and are to the best of my knowledge and belief, true
Date19_	Name
	Title

PENALITIES: ANY HOTEL OWNER WHO WILLFULLY FAILS TO FILE A REGISTRATION FORM SHALL BE LIABLE TO THE PENALTIES PROVIDED BY LAW.

Certification form must be completed by any new business that rents one room or more. Please send the form to the Oneida County Finance Department at 800 Park Ave. Utica NY 13501. The Finance Department will send a permit that must be displayed at the point of registration after receiving this form. Please contact Finance at 315-798-5760 with any questions.