



SUFFOLK COUNTY COMPTROLLER

John M. Kennedy, Jr.

DIVISION OF FINANCE AND TAXATION

330 CENTER DRIVE

RIVERHEAD, NY 11901-3311

Phone: (631) 852-1500 Fax: (631) 852-2752

REGISTRATION FOR CERTIFICATE OF AUTHORITY TO COLLECT HOTEL AND MOTEL TAX

ALL QUESTIONS MUST BE ANSWERED

PLEASE TYPE OR PRINT

NYS Sales Tax ID #, FED EIN # or SS #

1. NAME OF HOTEL _____

2. HOTEL ADDRESS _____
Street City State Zip

3. BUSINESS NAME _____
Individual, Partnership or Corporate Name

4. MAILING ADDRESS _____
Street City State Zip

5. BUSINESS PHONE _____ E-MAIL ADDRESS _____
Area Code
MOBILE NUMBER _____ FAX NUMBER _____
Area Code Area Code

6. OWNERSHIP TYPE: Individual [] Partnership [] Corporation []

7. NAME AND HOME ADDRESS OF INDIVIDUAL OR PARTNERSHIP OWNER OR PRINCIPAL OFFICER(S) IF CORPORATION

Table with 4 columns: NAME, TITLE, ADDRESS, E-MAIL ADDRESS

Add Attachment if Necessary

8. ESTABLISHMENT TYPE: Hotel [] Motel [] B&B [] Other _____ Describe

9. NUMBER OF ROOMS: _____

10. SEASON: All Year [] or Part Year From _____ To _____

11. STARTED BUSINESS IN SUFFOLK COUNTY ON ____/____/____
MO DAY YR

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.

Signed _____ Date _____

Name _____ Title _____