



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)

852-1507

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 FACILITY (if applicable)

2. FACILITY ADDRESS Street City State Zip

3. BUSINESS NAME Individual, Partnership or Corporate Name

4. MAILING ADDRESS Street City State Zip

5. BUSINESS PHONE Area Code E-MAIL ADDRESS

MOBILE NUMBER Area Code FAX NUMBER 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