

**COUNTY OF MONROE - DEPARTMENT OF FINANCE  
HOTEL TAX DIVISION**

39 West Main Street Room 301, Rochester, New York 14614 Telephone 753-1260

**CERTIFICATE OF REGISTRATION  
and Application for Certificate of Authority to Collect Hotel Room Occupancy Tax**

**ALL QUESTIONS MUST BE ANSWERED**  
**PLEASE PRINT OR TYPE**

NEW CERTIFICATE # H- <i>(OFFICE USE ONLY)</i>
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1. **Business Name:**.....Phone.....  
(Individual Trade Name or Corporate Name)

2. **Mailing Address:** .....  
(Street) (City) (State) (Zip)

3. **Hotel/Motel Name:**.....

4. **Hotel/Motel Address:**.....  
(Street) (City) (State) (Zip)

5. **List Below Name and Home Address of Individual, Partners or Principal Officers (If Corp.)**

NAME	HOME ADDRESS	TITLE	SOCIAL SECURITY #
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6. **Type of Establishment (Check One)**    Hotel    Motel    Other.....

7. **Type of Ownership (Check One)**    Individual    Partnership    Corporation

8. **Date applicant begins (began) operating business in Monroe County**.....

9. **If acquired from former owner:**  
Business name under which former owner operated.....  
  
Former owner's Certificate Number H-.....  
(Former owners Certificate of Authority must be returned to this office)

10. **How many places of business (or branches) does the applicant operate in Monroe County?** ..... (List each Location and Certification Number on reverse side)

**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 .....

(See reverse side)

