



St. Lawrence Co. Treasurer
 48 Court St.
 Canton, NY 13617
(315) 379-2234

CERTIFICATE OF REGISTRATION

Application for Certificate of Authority to collect room occupancy tax. (Answer all questions)

NAME OF HOTEL: _____

1. Business Name: _____
 (Individual, Trade or Corporate Name)
2. Mailing Address: _____

3. Location of Business: _____

4. Phone: _____ Email: _____
5. List below Name and Home Address of Individual, Partners or Principal Officer (if Corp)

NAME	HOME ADDRESS	TITLE
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Number of Rooms: _____ 6A. Season: _____
7. Type of Establishment: Hotel Motel
 Other
8. Type of Ownership:
 Individual Partnership Corporation
9. Date business opened in St. Lawrence County: _____

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: _____, 20__ Name: _____

Signature

Title: _____

Typed or Printed