



Cattaraugus County Treasurer
COUNTY OF CATTARAUGUS
303 Court Street
Little Valley, NY 14755

CERTIFICATION OF REGISTRATION
Application for Certificate of Authority to Collect Occupancy Tax

PLEASE PRINT OR TYPE

FEDERAL ID #

1. Business Name: _____

2. Mailing Address: _____

3. Location of Business: _____

4. Telephone: _____

Business _____

Email: _____

Alternate Contact _____

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

NAME

HOME ADDRESS

TITLE

6. Type of Establishment: ☐ Hotel ☐ Motel ☐ Bed & Breakfast
☐ Condominium ☐ Campground ☐ Other

7. Number of Rooms: _____

8. Type of Ownership: ☐ Individual ☐ Partnership ☐ Corporation

9. Date Started Business in Cattaraugus County: _____

10. If acquired after December 1, 2003:

Former owner/Business name _____

Registration number (if known) _____

11. Do you operate any other establishment ? ☐ Yes ☐ No
If yes, where is it located ? _____

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 _____