



YATES COUNTY DEPARTMENT OF FINANCE

417 Liberty Street, Suite 1081

Penn Yan, New York 14527

Tel 315-536-5192 Fax 315-536-5527

yatescounty.org

CERTIFICATION OF REGISTRATION

Application for Certificate of Authority to Collect Occupancy Tax

PLEASE PRINT OR TYPE

If Business, Federal ID#: _____

1. Individual or Business Name: _____

2. Mailing Address: _____

3. Phone #: _____ E-mail: _____

4. Location of Rental: _____

5. If a Corporation, List Below Name and Home Address of Individual, Partners or Principal Officers

NAME	HOME ADDRESS	TITLE

6. Do You Use a Rental Agency? Yes No

If Yes, Name of Rental Agency _____

Address of Rental Agency _____

Will Rental Agency be Submitting Your Occupancy Tax? Yes No

7. Type of Establishment: Hotel Motel Condominium House

Bed & Breakfast Cottage Apartment Other _____
specify

8. Number of Rooms: _____ complete only if hotel/motel/inn or bed & breakfast

9. Type of Ownership: Individual Partnership Corporation

10. Date Started Rentals in Yates County: _____

11. Do You Own Any Other Rental Property? 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: _____

Signature of Property Owner