COUNTY OF ALBANY
DIVISION OF FINANCE

CERTIFICATE OF REGISTRATION

(Application for Certificate of Authority and collection of Occupancy Tax)
Division of Finance, 112 State Street, Suite 800, Albany, New York 12207
Office: (518) 447-7070, Fax: (518) 447-5516
ALL QUESTIONS MUST BE ANSWERED. PLEASE PRINT OR TYPE INFORMATION.

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1) Federal Tax ID Number: _____ - _____

2) Hotel Name: _____ (Must be located in Albany County)

Phone: ( ) _____-_____ Fax: ( ) _____-_____

3) Hotel Address: _____

_____, New York _____
(This address will be used for all correspondence unless we are informed otherwise in writing)

4) Business Name: _____
(Individual, Trade, or Corporate Name)

_____
(Street)

_____, _____ _____
(City) (State) (Zip)

5) List below the name and home address of individual, Partners, or Officers:

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

6) Type of Establishment: ____ Hotel ____ Motel Number of Rooms: _____

7) Type of Ownership: ____ Individual ____ Partnership ____ Corporation

8) Date business started in Albany County: _____

9) Former Owner Name: _____

10) Former Hotel Name: _____

11) Number of places of business (or branches) operated in Albany County: _____
(Please file a SEPARATE quarterly return for each branch)

I hereby certify that the statements made herein have been examined by me and are true and complete to the best of my knowledge and belief.

Name: _____ Title: _____ Phone: _____
(Please print or type)

Signature: _____ Date: _____

Form: DSL101706

Office Use: H-