



Chautauqua County Director of Finance
 COUNTY OF CHAUTAUQUA
 3 North Erie Street
 Mayville, NY 14757

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

PLEASE PRINT OR TYPE FEDERAL ID or SS # _____

1. Business/Owner Name: _____
2. Mailing Address: _____
3. Location of Business: _____
4. List Below Name and Home Address of Individual, Partners or Principal Officers (If Corp.)

NAME	HOME ADDRESS	TITLE
_____	_____	_____
_____	_____	_____

5. Type of Establishment: Hotel Motel Condominium House
 Bed & Breakfast Cottage Apartment Other _____
specify

6. Number of Rooms: _____

7. Type of Ownership: Individual Partnership Corporation

8. Date Started Business in Chautauqua County: _____

9. If acquired after December 1, 2003:
 Former owner/Business name _____
 Registration number (if known) _____

10. 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 _____