



**COUNTY OF YATES**  
YATES COUNTY TREASURER  
417 Liberty Street, Suite 1081  
Penn Yan, New York 14527

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

NAME	HOME ADDRESS	TITLE
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_____	_____	_____
_____	_____	_____

5. Do You Use a Rental Agency/Agent?  Yes  No

If Yes, Name of Rental Agency/Agent: \_\_\_\_\_

Address of Rental Agency/Agent: \_\_\_\_\_

Will Rental Agency/Agent be Submitting Your Occupancy Tax?  Yes  No

6. Type of Establishment:  Hotel  Motel  Condominium  House  
 Bed & Breakfast  Cottage  Apartment  Other \_\_\_\_\_  
specify

7. Number of Rooms: \_\_\_\_\_

8. Type of Ownership:  Individual  Partnership  Corporation

9. Date Started Business in Yates County: \_\_\_\_\_

10. If Acquired After January 1, 2008:

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: \_\_\_\_\_

Signature of Property Owner