

UCID# \_\_\_\_\_

## County of Ulster Hotel and Motel Room Occupancy Tax REGISTRATION FORM

Application for Certificate of Authority to Collect Tax on Occupancy of Hotel/Motel Rooms

**All Questions MUST be answered:**

*(Please type or print)*

1. Establishment Name: \_\_\_\_\_  
*(If not applicable, enter N/A)*

2. Establishment Address: \_\_\_\_\_

3. Establishment Telephone #:(\_\_\_\_\_) \_\_\_\_\_

4. Tax ID Number or SS#: \_\_\_\_\_

5. List owner's name(s) and mailing address(s) and phone number(s) if different than above:

1. \_\_\_\_\_ 2. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Owner phone # \_\_\_\_\_ Owner phone # \_\_\_\_\_

6. Type of Establishment:

\_\_\_\_ Hotel \_\_\_\_ Motel \_\_\_\_ Bed & Breakfast \_\_\_\_ Other: \_\_\_\_\_  
*(ex. Air BnB, VRBO)*

7. Type of Ownership: \_\_\_\_ Individual \_\_\_\_ Partnership \_\_\_\_ Corporation

8. If incorporated, date authorized to do business in NY: \_\_\_\_\_

9. Email Address: \_\_\_\_\_

Check box if you want the quarterly Ulster County Occupancy Tax Form emailed

10. Establishment Website: \_\_\_\_\_

***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: \_\_\_\_\_ Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

***Any operator who willfully fails to file a registration or files an incorrect registration form shall be liable to the penalties provided by law.***

Mail to: Ulster County Department of Finance, PO Box 1800, Kingston, NY 12402