



State of New York County of Broome Government Offices

Broome County Office of Management & Budget
Jason T. Garnar, County Executive · Terra S. Adams, Acting Director

I.D. NO. H -

**CERTIFICATE OF REGISTRATION
HOTEL ROOM OCCUPANCY TAX
FOR HOTEL AND SMALL FACILITY OPERATORS AND ROOM REMARKETERS
APPLICATION FOR CERTIFICATE OF AUTHORITY TO COLLECT HOTEL ROOM OCCUPANCY TAX**

**BROOME COUNTY • OFFICE OF MANAGEMENT & BUDGET
PO BOX 1766 • BINGHAMTON, NY 13902 • 607-778-2161**

SECTION 1 - HOTEL/SMALL FACILITY INFORMATION (REMARKETERS GO TO SECTION II)

1. Hotel/Small Facility Name: _____
PRINT LEGAL NAME
2. Hotel/Small Facility Name (d/b/a): _____
"DOING BUSINESS AS" IF DIFFERENT FROM ITEM 1
3. Hotel/Small Facility Address: _____
NUMBER AND STREET
4. City: _____ State: _____ Zip: _____
5. Date Business Began in Broome County: _____
6. Type of Facility: (Check one)
☐ Hotel ☐ Apartment Hotel ☐ Motel ☐ Club ☐ Boarding House ☐ Apartment
☐ Bed & Breakfast ☐ Other (Attach explanation)
7. No. of Rentable Rooms or Apartments: _____

SECTION II - OWNER/OPERATOR AND ROOM REMARKETER INFORMATION

1. Name of Hotel/Small Facility Operator/Owner/Room Remarketer: _____
2. Mailing Address: _____
NUMBER AND STREET
3. City: _____ State: _____ Zip: _____
4. Federal Identification Number of Hotel/Small Facility Operator/Owner/Room Remarketer: EIN/SSN: _____
5. Business Entity of Small Facility Operator/Owner/Room Remarketer (Check one):
☐ Corporation ☐ Partnership or LLC ☐ Individual
6. If you checked "corporation" or "partnership or LLC" list below the name, title, address & EIN or SSN for each officer, general partner or managing member, respectively. Attach a separate sheet if necessary.

Name: _____
PRINT FIRST AND LAST NAME

Title: _____

Address: _____
NUMBER AND STREET

City: _____ State: _____ Zip: _____

EIN/SSN: _____

Name: _____
PRINT FIRST AND LAST NAME

Title: _____

Address: _____
NUMBER AND STREET

City: _____ State: _____ Zip: _____

EIN/SSN: _____

7. Name of Contact Person: _____ Telephone Number: (_____) _____

8. E-Mail Address: _____

I certify that the information on this application is, to the best of my knowledge, true, correct, and complete.

Signature: _____ Title: _____ Date: _____

**PENALTIES: ANY HOTEL OWNER OR REMARKETER WHO WILLFULLY FAILS TO FILE A REGISTRATION FORM
SHALL BE LIABLE FOR THE PENALTIES PROVIDED BY LAW**