



# 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**