

**APPLICATION FOR CERTIFICATE OF AUTHORITY TO COLLECT  
SULLIVAN COUNTY HOTEL AND MOTEL ROOM OCCUPANCY TAX**

(Pursuant to Local Law 5 of 1989 of the County of Sullivan, New York)

SULLIVAN COUNTY TREASURER'S OFFICE, 100 NORTH STREET, MONTICELLO, NY 12701  
PHONE: (845) 807-0210; FAX # 845-807-0220; EMAIL: [roomtax@sullivanny.us](mailto:roomtax@sullivanny.us)

**ALL QUESTIONS MUST BE ANSWERED (Please type or print)**

1. Business Name: \_\_\_\_\_ Telephone: \_\_\_\_\_
2. Owner's Name: \_\_\_\_\_ FAX # \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_
4. Email Address: \_\_\_\_\_
5. Property Tax Map # (S/B/L): \_\_\_\_\_
6. Facility Name (if different than above): \_\_\_\_\_
7. Facility Address (physical location of rental property): \_\_\_\_\_
8. Type of Ownership: \_\_\_ Individual \_\_\_ Partnership \_\_\_ Corporation \_\_\_ Other: \_\_\_\_\_
9. **List below name and home address of ALL individuals, partners or principal officers** (if a corporation)

NAME	TITLE	HOME ADDRESS	PHONE NO.
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. If acquired from former owner, date business purchased: \_\_\_\_\_  
Name of former owner: \_\_\_\_\_
11. Type of Establishment: \_\_\_ Hotel \_\_\_ Motel \_\_\_ Bed & Breakfast \_\_\_ Home \_\_\_ Other: \_\_\_\_\_
12. Number of Available Rentals: (H) \_\_\_\_\_ (M) \_\_\_\_\_ (B&B) \_\_\_\_\_ (House) \_\_\_\_\_ (Other) \_\_\_\_\_
13. Rental Platforms Used (list all): Self Advertise \_\_\_\_\_ Airbnb \_\_\_\_\_ VRBO \_\_\_\_\_ Home Away \_\_\_\_\_  
Tentr \_\_\_\_\_ Other \_\_\_\_\_
14. Date business started operation in Sullivan County: \_\_\_\_\_

I hereby certify that the statements made herein have been examined by me and are, to the best of my knowledge and believe, true and complete.

Date: \_\_\_\_\_ Signature of Owner: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

***PENALTIES: Any owner who willfully fails to file a registration form shall be liable to the penalties provided by law.***