

Department of Finance
22 Market Street, Poughkeepsie, NY 12601
Phone:(845) 486-2033 Fax: (845) 486-2198

**CERTIFICATE OF REGISTRATION
FOR THE COLLECTION OF HOTEL OCCUPANCY TAX**
Application for Certificate of Exemption/Certificate of Authority to Collect Hotel Occupancy Tax

ALL QUESTIONS MUST BE ANSWERED (Please type or print)

I.D. NO. H-
(TO BE ASSIGNED BY COUNTY)

- 1. Business Name: _____ Telephone: _____
- 2. Email Address _____
- 3. Business Address: _____
- 4. Hotel Name (if different than above): _____ Telephone: _____
- 5. Hotel Address (if different than above): _____

6 **List below name(s) and home address(es) of ALL individuals, partners or principal officers (if corp.) (attach a separate sheet if necessary)**

NAMES	HOME ADDRESSES	TITLES	PHONE NOS.

7 Please indicate if you are renting exclusively with Air BnB _____

8. Number of Rooms: _____

9. Type of Establishment:
 Hotel Motel Bed & Breakfast Other: _____

10. Type of Ownership: Individual Partnership Corporation

11. Type of Business: Year-Round Seasonal (Operates 6 months or less/year)

Date started in business in Dutchess County: _____

12. If acquired from former owner after January 1, 1984:

Name under which former owner operated: _____

Former registration number: _____

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

Date _____ 20 _____

Signature: _____

Printed Name: _____

Title: _____

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