

**COUNTY OF ONONDAGA
ROOM OCCUPANCY TAX - CERTIFICATE OF REGISTRATION
421 MONTGOMERY STREET
CIVIC CENTER 15TH FLOOR
SYRACUSE, NY 13202**

***All questions must be completed to the satisfaction of the Finance Department, otherwise a Certificate of Authority will not be issued. A rental property cannot operate without a Certificate of Authority - PLEASE TYPE OR PRINT CLEARLY**

**CERTIFICATE OF
AUTHORITY NUMBER**

**DATE STARTED BUSINESS IN ONONDAGA
COUNTY**

* If you do not have one assigned
the county will assign one to a new rental property
*If one has been assigned to property please enter

HOTEL/PROPERTY INFORMATION:

NAME OF HOTEL/SHORT-TERM RENTAL: _____
(Brand Name)

ADDRESS OF HOTEL/SHORT-TERM RENTAL: _____
(Street) (City) (State) (Zip)

OPERATOR INFORMATION:

NAME OF BUSINESS: _____ **FEDERAL TAX ID NUMBER:** _____
(LLC or Company Name)

NAME OF OPERATOR: _____
(Name of Person First and Last) (Name of Person First and Last) (Name of Person First and Last)

ADDRESS OF OPERATOR: _____
(Street) (City) (State) (Zip)

TYPE OF ESTABLISHMENT: HOTEL MOTEL SHORT-TERM RENTAL (B&B)

DEED HOLDER INFORMATION:

*the person/persons and/or entity/entities that owns the real property & improvements

CONTACT INFORMATION OF DEED HOLDER 1: _____
(Name of Person First and Last) (Email) (Phone)

CONTACT ADDRESS OF DEED HOLDER 1: _____
(Street) (City) (State) (Zip)

FEDERAL TAX ID NUMBER 1: _____

INFORMATION OF DEED HOLDER 1: _____
(Name of Person First and Last, or Entity) (Email) (Phone)

ADDRESS OF DEED HOLDER 1: _____
(Street) (City) (State) (Zip)

CONTACT INFORMATION OF DEED HOLDER 2: _____
(Name of Person First and Last) (Email) (Phone)

CONTACT ADDRESS OF DEED HOLDER 2: _____
(Street) (City) (State) (Zip)

FEDERAL TAX ID NUMBER 2: _____

INFORMATION OF DEED HOLDER 2: _____
(Name of Person First and Last, or Entity) (Email) (Phone)

ADDRESS OF DEED HOLDER 2: _____
(Street) (City) (State) (Zip)

*any additional DEED HOLDERS please attach another sheet

INDIVIDUAL OWNER INFORMATION:

*Shareholder, Member, Partner, etc.

TYPE OF OWNERSHIP: INDIVIDUAL PARTNERSHIP CORPORATION

CONTACT INFORMATION OF INDIVIDUAL OWNER 1:

(Name First and Last)

(Email)

(Phone)

ADDRESS OF OWNER 1:

(Street)

(City)

(State)

(Zip)

CONTACT INFORMATION OF INDIVIDUAL OWNER 2:

(Name First and Last)

(Email)

(Phone)

ADDRESS OF OWNER 2:

(Street)

(City)

(State)

(Zip)

*any additional INDIVIDUAL OWNERS please attach another sheet

PRINCIPALS/OFFICERS INFORMATION:

CONTACT INFORMATION OF PRINCIPALS/OFFICER 1:

(Name First and Last)

(Email)

(Phone)

ADDRESS OF PRINCIPALS/OFFICER 1:

(Street)

(City)

(State)

(Zip)

CONTACT INFORMATION OF PRINCIPALS/OFFICER 2:

(Name First and Last)

(Email)

(Phone)

ADDRESS OF PRINCIPALS/OFFICER 2:

(Street)

(City)

(State)

(Zip)

*any additional PRINCIPALS/OFFICERS please attach another sheet

ACCOUNTING/CONTROLLER INFORMATION:

NAME OF CONTROLLER OR ACCOUNTS PAYABLE: _____
(Name First and Last)

CONTACT INFORMATION OF NAMED: _____
(Email) (Phone)

ADDRESS OF ACCOUNTS PAYABLE: _____
(Street) (City) (State) (Zip)

PERSON RESPONSIBLE FOR COMPLETING ROOM OCCUPANCY TAX RETURNS AND PAYING ONONDAGA COUNTY ROOM OCCUPANCY TAX:

NAME OF RESPONSIBLE PARTY: _____
(Name First and Last)

CONTACT INFORMATION OF NAMED: _____
(Email) (Phone)

ADDRESS OF NAMED: _____
(Street) (City) (State) (Zip)

OTHER ONONDAGA COUNTY RENTAL PROPERTIES OWNED BY RELATED COMPANIES:

NAME AND ADDRESS 1: _____
(Hotel/Short-Term Rental Name) (Street) (City) (State) (Zip)

NAME AND ADDRESS 2: _____
(Hotel/Short-Term Rental Name) (Street) (City) (State) (Zip)

NAME AND ADDRESS 3: _____
(Hotel/Short-Term Rental Name) (Street) (City) (State) (Zip)

*any additional hotels, motels or short-term rentals in Onondaga County please attach another sheet

The party who has completed and executed this Certificate of Registration hereby represents, warrants, and covenants that the information provided herein is true, accurate, and complete

Signature

Date

Print Name First Last

Title