



Chautauqua County Director of Finance  
COUNTY OF CHAUTAUQUA  
3 North Erie Street  
Mayville, NY 14757  
(716)753-4223

CERT: \_\_\_\_\_

CERTIFICATION OF REGISTRATION  
*Application for Certificate of Authority to Collect Occupancy Tax*

PLEASE PRINT OR TYPE FEDERAL ID or SS# \_\_\_\_\_

1. Business/ Owner Name: \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_

3. Location of Business: \_\_\_\_\_

4. List Below Name, Home Address, Telephone Number, E-mail Address of Main Contact Person  
NAME HOME ADDRESS TELEPHONE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-MAIL: \_\_\_\_\_

5. Type of Establishment: Hotel Motel Condominium House  
Bed & Breakfast Cottage Apartment Other \_\_\_\_\_  
Specify

6. Number of Rooms/Units: \_\_\_\_\_

7. Type of Ownership: Individual Partnership Corporation

8. Date Started Business in Chautauqua County: \_\_\_\_\_

9. If acquired after December 1, 2003:

Former owner/Business name \_\_\_\_\_

Registration number (if known) \_\_\_\_\_

10. Do you operate any other establishment? Yes No

If yes, where is it located? \_\_\_\_\_

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

Date \_\_\_\_\_ Name \_\_\_\_\_

Title \_\_\_\_\_