



Town of New Windsor
Town Comptroller
555 Union Avenue
New Windsor, NY 12553
845-563-4621

dcasey@newwindsor-ny.gov

APPLICATION FOR CERTIFICATE OF AUTHORITY
TO COLLECT HOTEL AND MOTEL OCCUPANCY TAX

ALL QUESTIONS MUST BE ANSWERED (Please Type or Print)

Federal ID or Social Security # _____

1. Business Name: _____ Telephone: _____

2. Owner's Name: _____ Operator's Name: _____

3. Business Address: _____

Email Address: _____

4. Hotel Name (if different than above): _____ Telephone: _____

5. Hotel Address (if different than above): _____

6. List below name and home address of **ALL** individuals, partners, or principal officers (if corporation)

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

7. Number of Rooms: _____ 8. Date business started in Orange County: _____

9. If acquired from former owner, date business purchased: _____

Name of former owner: _____

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

11. Type of Ownership: Individual Partnership Corporation Other: _____

12. Type of Business: Year-Round Seasonal (operates 6 months or less per year)

13. Do you operate any other establishments: Yes No

If yes, list names and locations: _____

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

Date: _____

Signature: _____

Printed Name: _____

Title: _____

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