



**OFFICE OF THE COUNTY TREASURER
SCHOHARIE COUNTY, NEW YORK**

284 Main Street • P.O. Box 9
Schoharie, New York 12157

Telephone (518) 295-8386 • Fax (518) 295-8364

**LODGING FACILITY OCCUPANCY TAX
REGISTRATION FORM**

Registrant's Business Name: _____

NYS Sales Tax ID Number: _____ Federal Employer ID Number: _____

Mailing Address: _____

Physical location of lodging facility (if different from mailing address): _____

_____ Tax Map Number of parcel: _____

Name of Contact Person: _____ Telephone Number: _____

Names and Home Address of Individual Owner, and those of any Partners or Corporate Officers

Name: _____ Title: _____ Address: _____

Name: _____ Title: _____ Address: _____

Type of Business/Corporation: Sole Proprietorship Corporation Partnership
 Limited Partnership Other

Type of Lodging Facility: Hotel Motel
 Bed and Breakfast Boarding House
 Cottages/Cabins Condo/Apartment/Timeshare
 Other (specify) _____

Number of rooms or units: _____ Estimated average unit occupancy: _____ %

Periods for which Rooms/Units are rented and range of rates charged: (check all that apply)

Daily Range of Rates from \$_____ to \$_____ per day.

Weekly Range of Rates from \$_____ to \$_____ per week.

Do you operate any other lodging establishments in Schoharie County? Yes No

If yes, where is it located? _____

Check this box if this lodging facility is no longer in operation or no longer rents rooms.

Under penalties of perjury, I hereby certify that the statements made herein have been examined by me, and that the information contained on this form is to the best of my knowledge and belief to be true, correct and complete.

Dated: _____ Signature: _____

Printed Name and Title: _____