



**St. Lawrence Co. Treasurer**  
48 Court St.  
Canton, NY 13617  
**(315) 379-2234**

**CERTIFICATE OF REGISTRATION**

**Application for Certificate of Authority to collect hotel room occupancy tax. (Answer all questions)**

NAME OF HOTEL: \_\_\_\_\_

1. Business Name: \_\_\_\_\_  
(Individual, Trade or Corporate Name)
2. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
3. Location of Business: \_\_\_\_\_  
\_\_\_\_\_
4. Phone: \_\_\_\_\_ Email: \_\_\_\_\_
5. List below Name and Home Address of Individual, Partners or Principal Officer (if Corp)

NAME	HOME ADDRESS	TITLE
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Number of Rooms: \_\_\_\_\_ 6A. Season: \_\_\_\_\_
7. Type of Establishment:  Hotel  Motel  
 Other
8. Type of Ownership:  Individual  Partnership  Corporation
9. Date business opened in St. Lawrence County: \_\_\_\_\_

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: \_\_\_\_\_, 20\_\_ Name: \_\_\_\_\_  
Signature  
Title: \_\_\_\_\_  
Typed or Printed