

**APPLICATION FOR CERTIFICATE OF AUTHORITY TO COLLECT
SULLIVAN COUNTY HOTEL AND MOTEL ROOM OCCUPANCY TAX**

(Pursuant to Local Law 5 of 1989 of the County of Sullivan, New York)

SULLIVAN COUNTY TREASURER'S OFFICE, 100 NORTH STREET, MONTICELLO, NY 12701
PHONE: (845) 807-0210; FAX # 845-807-0220; EMAIL: roomtax@sullivanyny.gov

ALL QUESTIONS MUST BE ANSWERED (Please type or print)

1. Business Name: _____ Telephone: _____
2. Owner's Name: _____ FAX # _____
3. Mailing Address: _____
4. Email Address: _____
5. Property Tax Map # (S/B/L): _____
6. Facility Name (if different than above): _____
7. Facility Address (physical location of rental property): _____
8. Type of Ownership: ___ Individual ___ Partnership ___ Corporation ___ Other: _____
9. **List below name and home address of ALL individuals, partners or principal officers** (if a corporation)

| NAME | TITLE | HOME ADDRESS | PHONE NO. |
|-------|-------|--------------|-----------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
10. If acquired from former owner, date business purchased: _____
Name of former owner: _____
11. Type of Establishment: ___ Hotel ___ Motel ___ Bed & Breakfast ___ Home ___
Other: _____
12. Number of Available Rentals: (H) _____ (M) _____ (B&B) _____ (House) _____ (Other) _____
13. Rental Platforms Used (list all): _____ Self Advertise _____ Airbnb _____ VRBO
_____ Home Away _____ Evolve _____ Hipcamp
_____ Other (List Company Name(s)) _____
14. Date business started operation in Sullivan County: _____

I do hereby affirm and acknowledge that my facility is in compliance with the following conditions set forth in the New York State Real Property Tax Law:

- A. An evacuation diagram identifying all means of egress is conspicuously posted in the facility.
- B. Emergency phone numbers for police, fire, and poison control are conspicuously posted in the facility.
- C. A working fire extinguisher is located in the facility.
- D. My facility is insured for at least the value of the dwelling plus a minimum of \$300,000 coverage for property and bodily injury. (This insurance can be covered by a booking service.)
- E. My facility is registered with the Town in which it is located and complies with any local health and safety requirements
- F. I will be required to maintain records for two years, which include the date of each stay and number of guests as well as the cost for each stay, including an itemized breakdown of sales and bed tax collected.
- G. My facility will be subject to all applicable state and hotel/motel taxes as noted in Article 28 and 29 of the NYS Tax Law.

Owner Acknowledgement-Required

I certify under penalty of perjury that I am the owner of record and that facility is free from any apparent safety hazards and in compliance with the requirements listed above. I further certify that I have read and understood the Sullivan County Room Tax law which is found on the Sullivan County website. I understand that the Certificate of Authority will be issued by the County of Sullivan, contingent upon continued compliance with these requirements. Failure to comply may result in the revocation of the Certificate of Authority issued by the County of Sullivan, as well as any other penalties as prescribed by New York State law.

Date: _____

Signature of Owner: _____

Print Name: _____ Title: _____