



City of Newburgh  
Newburgh, NY 12550  
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APPLICATION FOR CERTIFICATE OF AUTHORITY  
TO COLLECT HOTEL 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: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
4 Hotel Name/DBA (if different from above): \_\_\_\_\_ Telephone: \_\_\_\_\_  
5 Hotel Address/Location (if different from above): \_\_\_\_\_

6 List below name and home address of ALL individual, partners or principle officers (If corporation)

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

- 7 Number of Rooms: \_\_\_\_\_ 8 Date Business Started: \_\_\_\_\_

- 9 Type of Establishment:
- |       |                          |                 |                          |                 |                          |
|-------|--------------------------|-----------------|--------------------------|-----------------|--------------------------|
| Hotel | <input type="checkbox"/> | Bed & Breakfast | <input type="checkbox"/> | Hosting Company | <input type="checkbox"/> |
| Motel | <input type="checkbox"/> | Operator        | <input type="checkbox"/> | Other           | <input type="checkbox"/> |

- 10 Type of Ownership:
- |             |                          |             |                          |
|-------------|--------------------------|-------------|--------------------------|
| Individual  | <input type="checkbox"/> | Corporation | <input type="checkbox"/> |
| Partnership | <input type="checkbox"/> | Other       | <input type="checkbox"/> |

11 On Premises Manager: \_\_\_\_\_

12 Address for Correspondence \_\_\_\_\_

- 13 Do you operate any other establishments:  
Yes  No

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

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_