



City of Niagara Falls, New York

745 Main Street, PO Box 69, Niagara Falls, NY 14302-0069

CERTIFICATE OF REGISTRATION

FOR AUTHORITY TO COLLECT 5% OCCUPANCY TAX

1. Legal name of business _____

2. Trade name of business _____

3. Address of business _____

4. Kind of business _____ Hotel
_____ Motel
_____ Bed & Breakfast
_____ Other Describe _____

5. Number of months per year in operation _____

6. Number of units or rooms available for rent _____

7. Established rate for each unit/room _____

8. Date business opened _____

9. Do you operate any other establishment in Niagara Falls? _____ yes _____ no

If yes, list names _____

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 _____ Signature _____

(Please Print) Name _____

Title _____

Home Address _____

Phone Number _____