BI-ANNUAL RENEWAL APPLICATION
FOR CERTIFICATE OF AUTHORITY TO COLLECT
SULLIVAN COUNTY HOTEL AND MOTEL ROOM TAX

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

Owner's Name:_____

Sullivan County Registration #: _____

Registration Period:
1/1/2025-12/31/2026

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 (please check each box):

- □ An evacuation diagram identifying all means of egress is conspicuously posted in the facility.
- □ Emergency phone numbers for police, fire, and poison control are conspicuously posted in the facility.
- □ A working fire extinguisher is located in the facility.
- □ 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.)
- □ My facility is registered with the Town in which it is located and complies with any local health and safety requirements (if applicable).
- □ 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 Room Tax collected.
- □ I will immediately notify the Sullivan County Treasurer's Office if any of my information changes (mailing address, email address, platforms used, etc.)
- □ My facility will be subject to all applicable State and Local sales tax as noted in Article 28 and 29 of the NYS Tax Law. My facility will also be subject to Room Tax as defined in the Sullivan County Room 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. I understand that the Certificate of Authority is issued by the County of Sullivan, contingent upon my 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: _____

Email Address: _____