Village of Harrison Treasurer's Office 1 Heineman Place, Harrison, NY 10528

CERTIFICATE OF REGISTRATION

Date/_/ Fed ID No	
Business Name	
Mailing Address	
Date Established//	
Establishment Hotel Motel O	ther
Ownership Corporation Partnersh	hip Proprietorship
Business Location(s) in the Village of Harrison (attach	additional sheets if necessary)
Contact Name/Title	
Phone () Fax (
E-mail	
I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN ARE TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE	HAVE BEEN EXAMINED BY ME, AND AND COMPLETE.
Signature of Authorized Representative	<u> </u>
Signature of Authorized Representative	Date
Printed Name	Title

EVERY HOTEL OPERATOR SHALL FILE WITH THE TREASURER A CERTIFICATE OF REGISTRATION IN A FORM PRESCRIBED BY THE TREASURER. THE TREASURER SHALL PROMPTLY THEREAFTER ISSUE WITHOUT CHARGE A CERTIFICATE EVIDENCING THE AUTHORITY OF SUCH OPERATOR TO COLLECT THE TAX FROM THE OCCUPANTS. EACH CERTIFICATE SHALL STATE THE PLACE OF BUSINESS TO WHICH IT IS APPLICABLE. ANY HOTEL OPERATOR WILLFULLY FAILING TO FILE A REGISTRATION CERTIFICATE OR SURRENDER THE CERTIFICATE OF AUTHORITY AS REQUIRED OR ASSIGNING OR TRANSFERRING SUCH CERTIFICATE OF AUTHORITY SHALL BE LIABLE TO THE PENALTIES PROVIDED BY LAW.