



VILLAGE OF GOSHEN, NEW YORK

276 MAIN STREET, GOSHEN, NEW YORK 10924
TEL. (845) 294-6750 • FAX (845) 294-6007
WWW.VILLAGEOFGOSHEN-NY.GOV

I.D. No. VOG-
(TO BE ASSIGNED BY VILLAGE)

APPLICATION FOR CERTIFICATE OF AUTHORITY TO COLLECT HOTEL AND MOTEL 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 (if different from above): _____ Telephone: _____

5. Hotel Address (if different from above): _____

6. **List below name and home address of ALL individuals, partners, or principal officers** (if corporation)

NAME	HOME ADDRESS	TITLE	PHONE NO.
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Number of Rooms: _____

8. Date business started in Goshen, NY: _____

9. If acquired from former owner, date business purchased: _____

Name of former owner: _____

10. Type of Establishment: ☐ Hotel ☐ Motel ☐ Bed & Breakfast ☐ Other: _____

11. Type of Ownership: ☐ Individual ☐ Partnership ☐ Corporation ☐ Other: _____

12. Type of Business: ☐ Year-Round ☐ Seasonal (operates 6 months or less per year)

13. Do you operate any other establishments: ☐ yes ☐ no

If yes, list names and locations: _____

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: _____

Printed Name: _____

Title: _____

PENALTIES: Any owner who willfully fails to file a registration form shall be liable to the penalties provided by law.