



Auditor's Office  
City of Olean, New York  
101 East State Street  
Olean, NY 14760  
(716) 376-5613

Certificate of Registration

CERT #: \_\_\_\_\_

*Application for Certificate of Authority to Collect Occupancy Tax*

*Please Print or Type*

Date of Application: \_\_\_\_\_ Federal ID or SS#: \_\_\_\_\_

Business Name: \_\_\_\_\_

Location of Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact information for Premise Manager:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Owner of Record: \_\_\_\_\_

Date Business Started: \_\_\_\_\_

Form of Ownership: \_\_\_\_\_

Number of Rooms: \_\_\_\_\_ Months Available: \_\_\_\_\_

All Current Rates: \_\_\_\_\_

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

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

Name: \_\_\_\_\_

Title: \_\_\_\_\_