



## WARREN COUNTY OCCUPANCY TAX REGISTRATION FORM

**NATURE OF TAX:** Occupancy tax is imposed upon the occupant of any hotel or motel facility or short-term rental in Warren County, NY. The term "hotel or motel" is defined as any facility providing lodging on an overnight basis. The list includes bed and breakfasts, inns, housekeeping cottages or similar tourist facilities. The term "short-term rental" is defined as the rental of any dwelling unit, or portion thereof, for fewer than thirty (30) consecutive days. This includes single family residences, condominiums, duplexes, town homes, apartments, cottages and other similar residential units.

REGISTRANT INFORMATION	
<b>1. Registrant's Name for Hotel, Motel, Cottages, B&amp;B or Short-Term Rental</b>	<b>1a. Tax ID# (if applicable)</b>
<b>2. Name of Owner/Operator (only if different from above)</b>	
<b>3. Physical Street Address (of Rental)</b>	<b>4. Physical Town + Zip Code (of Rental)</b>

5a. Name and Mailing Address of Contact Person	5b. Title (Owner, Manager, etc.)	5c. Contact Info (Phone/eMail)

6. TYPE OF OWNERSHIP							
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sole Proprietor	Corporation	Partnership	Limited Partnership	Limited Liability Partnership	Limited Liability Company	Trust	Other

7. REGISTRANT OWNER(S), OFFICER(S), PARTNER(S) AND/OR MEMBER(S)			
Name	Address (Mailing)	Contact Info (Phone/eMail)	Title/Capacity

8. TYPE OF RENTAL & NUMBER OF ROOMS/UNITS/HOMES			
Hotel / Motel <input type="radio"/>	Cottages <input type="radio"/>	Bed & Breakfast <input type="radio"/>	Short-Term Rental <input type="radio"/>
# of Rooms # _____	# of Units # _____	# of Rooms # _____	# of Homes # _____

9. AVERAGE RENTAL PERIODS & RATES (check all that apply)			
Daily <input type="radio"/>	Weekly <input type="radio"/>	Multiple Weeks <input type="radio"/>	Monthly (More than 30 days) <input type="radio"/>
Rate \$ _____	Rate \$ _____	Rate \$ _____	Rate \$ _____

10. OCCUPANCY TAX RETURN FILING CYCLE			
Annual <input type="radio"/>	Quarterly (Calendar) <input type="radio"/>	Quarterly (Fiscal) <input type="radio"/>	Monthly <input type="radio"/>
January - December (Calendar) or March - February (Fiscal)	1Q: Jan - Mar 2Q: Apr - Jun 3Q: Jul - Sep 4Q: Oct - Dec	1Q: Mar - May 2Q: Jun - Aug 3Q: Sep - Nov 4Q: Dec - Feb	NOTE: Choosing this filing period requires a return to be filed EVERY month, even if no rental income was received for that month.

ALL OCCUPANCY TAX RETURN FILINGS MUST BE RECEIVED ON OR BEFORE THE 20TH OF THE MONTH FOLLOWING THE END OF THE PERIOD SELECTED IN THE BOXES ABOVE. USPS POSTMARKS ARE NOT USED TO COMPLY WITH THE DEADLINE. LATE FILINGS ARE SUBJECT TO A 5% PENALTY AND 1% INTEREST (PER EACH MONTH LATE BEGINNING 1 MONTH AFTER END OF REPORTING PERIOD).

**Persons Subject to Tax:** The occupant, leasee or tenant of any such hotel/motel or short-term rental accommodation is liable for payment of the tax. The tax is collected by the owner of the hotel/motel or short-term rental occupied or if the owner is not operating the hotel/motel or short-term rental and being paid the rent for the room occupied, then after any other person entitled to be paid the rent or charge for the hotel/motel or short-term rental occupied, including but not limited to the proprietor, lessee, sublessee, mortgage in possession, licensee or any other person otherwise operating such hotel/motel or short-term rental.

**UNDER THE PENALTY OF PERJURY, I HEREBY DECLARE THAT I HAVE EXAMINED THIS REGISTRATION FORM AND THE INFORMATION CONTAINED HEREIN, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF THE SAME ARE TRUE, CORRECT AND COMPLETE.**

Signature	Print Name and Title	Date

COMPLETE AND MAIL THIS REGISTRATION FORM TO:

**Warren County Treasurer  
1340 State Route 9  
Lake George, NY 12845**