



## 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 residential rental unit" means an entire dwelling unit, or a room, group of rooms, other living or sleeping space, or any other space within a dwelling, made available for rent by guests for less than thirty consecutive days, where the unit is offered for tourist or transient use by the short-term rental host of the residential unit, and where such unit is located in a covered jurisdiction.

REGISTRANT INFORMATION	
<b>1. Registrant's Name for Hotel / Motel, 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. Booking Platform / Remarketer	
Do you use a booking platform?	What booking platform do you use?
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Airbnb <input type="radio"/> VRBO <input type="radio"/> Expedia <input type="radio"/> HomeAway <input type="radio"/> Other: _____
Do you use a Remarketer?	If so, Remarketer Name: _____
<input type="radio"/> Yes <input type="radio"/> No	

9. Type of Rental & Number of Rooms/Units/Homes			
Hotel / Motel <input type="radio"/> #of Rooms _____	Short-term Rental Unit <input type="radio"/> #of Units _____	Employee Housing <input type="radio"/> #of Rooms _____	DSS Housing <input type="radio"/> #of Homes _____

10. AVERAGE RENTAL PERIODS & RATES (check all that apply)		
Daily <input type="radio"/> Rate _____	Weekly <input type="radio"/> Rate _____	Multiple Weeks <input type="radio"/> Rate _____

11. OCCUPANCY TAX RETURN FILING CYCLE		
Quarterly (Calendar) <input type="radio"/>  1 Q: Jan - Mar 2 Q: Apr - Jun 3 Q: Jul - Sep 4 Q: Oct - Dec	Quarterly (Fiscal) <input type="radio"/>  1 Q: Mar - May 2 Q: Jun - Aug 3 Q: Sep - Nov 4 Q: Dec - Feb	Monthly <input type="radio"/>  NOTE: Choosing this filing period requires a return to be filed <u>EVERY</u> 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, lessee 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**