



**Town of Skaneateles
Room Occupancy Tax
Application for Registration**

1. Name of Hotel/Establishment: _____

Address: _____
(Street) (City) (State) (Zip)

2. Name of Business (if different): _____

Address: _____
(Street) (City) (State) (Zip)

3. Owner(s): List Names and Home Addresses of Individual, Partners, or Principal Officers (If a corporation)

Name _____ email: _____ Phone: _____

Address: _____
(Street) (City) (State) (Zip)

4. Controller/Director of Accounting:

Name _____ email: _____ Phone: _____

Address: _____
(Street) (City) (State) (Zip)

5. Person Responsible for completing this Room Occupancy Tax form:

Name _____ email: _____ Phone: _____

Address: _____
(Street) (City) (State) (Zip)

Name (Print): _____ Signature: _____ Date: _____

Approved By: _____
Signature: _____ Date: _____