



*County of Fulton*  
*County Treasurer's Office*

E. Terry Blodgett, Treasurer  
Michelle Ippoliti, Deputy Treas.  
Felicia Duesler, Asst. Deputy Treas.

223 W. Main Street, Room 202  
P.O. Box 128  
Johnstown, NY 12095

Phone: (518) 736-5580  
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**INSTRUCTIONS FOR ROOM OCCUPANCY TAX REGISTRATION FORM**

1. Print or type Business Name if a Business
2. Owner Name if a Private Owner
3. Provide NYS Sales Tax ID Number and Federal EIN
4. Mailing Address where all correspondence should be sent
5. Telephone number and email where you can best be reached
6. Location of property if different than mailing address
7. Type of Ownership of the property being registered
8. Contact information for Registrant's Owner(s)
9. Choose Yes or No if you use a Rental Agent or Third Party Remarketer (Travel Agency, Airbnb, travel search engine, etc). If Yes, please provide the Agency's Name and Address and whether the agency will be submitting Occupancy Tax on your behalf.
10. Type of Business
11. Number of Rooms available to rent
12. Defines the Reporting Period schedule you will be using to submit payment to Fulton County.
13. If you own any other rental properties in Fulton County, please check YES
14. Please list where the other properties are located.

Sign and date the Registration Form certifying the statements as completed.



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Treasurer's Office Use Only:
Date Cert of Authority issued:
Cert # FUL-

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FULTON COUNTY ROOM OCCUPANCY TAX REGISTRATION FORM

PLEASE PRINT OR TYPE

1. Business Name: \_\_\_\_\_

OR

2. Owner Name: \_\_\_\_\_

3. NYS Sales Tax ID Number: \_\_\_\_\_ Federal Employer ID Number: \_\_\_\_\_

4. Mailing Address: \_\_\_\_\_

5. Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

6. Location of Business / Rental Property: \_\_\_\_\_

7. Type of Ownership: [ ] Individual [ ] Partnership [ ] Corporation [ ] Other \_\_\_\_\_

8. Registrant's Owner(s), Corporate Officers, Partners and/or Members:

Name Address Telephone # Title/Capacity

\_\_\_\_\_
\_\_\_\_\_

9. Do You Use a Rental Agency/Third Party Remarketer (i.e., Airbnb, etc.) [ ] Yes [ ] No

If Yes: Name & Address of Rental Agency/Third Party Remarketer: \_\_\_\_\_

Will an Agency Be Submitting Your Room Occupancy Tax? [ ] Yes [ ] No

10. Type of Establishment: [ ] Hotel [ ] Motel [ ] Bed & Breakfast [ ] Vacation Rental
[ ] Cabin [ ] Private Home [ ] Camp [ ] Apartment [ ] Cottage [ ] Other: \_\_\_\_\_

11. Number of Rooms / Units: \_\_\_\_\_

12. QUARTERLY REPORTING PERIOD: Jan 1 - Mar 31
Apr 1 - Jun 30
Jul 1 - Sept 30
Oct 1 - Dec 31

13. Do You Own any Other Rental Property in Fulton County? [ ] Yes [ ] No

14. If Yes, Where is it Located? \_\_\_\_\_

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

Signature

Printed Name

Date