



I.D. No. H- _____
(Insert Federal I.D. No.)

ALL QUESTIONS MUST BE ANSWERED
PLEASE PRINT OR TYPE

NAME OF HOTEL : _____

1. Business Name: _____
(Individual, Trade or Corporate Name)

2. Mailing Address: _____

3. Location of Business: _____

4. Phone: _____

5. List below Name and Home Address of Individual, Partners or Principal Officer (if Corp)

NAME	HOME ADDRESS	TITLE
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Number of Rooms: _____ 6A. Season _____

7. Type of Establishment: Hotel Motel
 Other _____

8. Type of Ownership:
 Individual Partnership Corporation

9. Date business opened in Nassau County: _____

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

Date: _____, 20__ Name _____

Signature

Typed or Printed

Title