



HTX/
HTXB

NEW YORK CITY • DEPARTMENT OF FINANCE • PAYMENT OPERATIONS DIVISION

CERTIFICATE OF REGISTRATION PERTAINING TO HOTEL ROOM OCCUPANCY TAX FOR HOTEL AND SMALL FACILITY OPERATORS AND ROOM REMARKETERS

Pursuant to Title 11, Chapter 25 of the Administrative Code of the City of New York, every hotel operator and room remarketer is required to file a Certificate of Registration with the Department of Finance within three days after commencing business. A completely filled out Certificate of Registration is required by Finance to issue a Certificate of Authority. A separate Certificate of Registration is required for each location.

Instructions: Use this form if you are a hotel or small facility operator or room remarketer. See General Information for further details.

Mail to: NYC Department of Finance, Automated Tax Processing Unit, Hotel Tax Section, 59 Maiden Lane, 18th Floor, New York, NY 10038.

SECTION I - HOTEL/SMALL FACILITY INFORMATION

- Hotel/Small Facility Name: _____
PRINT LEGAL NAME
- Hotel/Small Facility Name (d/b/a): _____
"DOING BUSINESS AS" IF DIFFERENT FROM ITEM 1
- Hotel/Small Facility Address: _____
NUMBER AND STREET
- City: _____ State: _____ Zip: _____ 5. Date Business Began: ____/____/____
- Federal Identification Number of Hotel/Small Facility: EIN/SSN: _____
- Type of Hotel/Small Facility: Hotel Apartment Hotel Motel Club Boarding House Apartment
(Check one) Bed & Breakfast Other. Attach explanation
- No. of Rentable Rooms or Apartments: _____

SECTION II - OWNER/OPERATOR AND ROOM REMARKETER INFORMATION

- Name of Hotel/Small Facility Operator/Owner/Room Remarketer: PRICELINE.COM INC.
- Address: 800 CONNECTICUT AVENUE
NUMBER AND STREET
- City: NORWALK State: CT Zip: 06854
- Federal Identification Number of Hotel/Small Facility Operator/Owner/Room Remarketer: EIN/SSN: 061528493
- Business Entity of Small Facility Operator/Owner/Room Remarketer (check one): Corporation Partnership or LLC Individual
- If you checked "corporation" or "partnership or LLC" list below the name, address & EIN or SSN for each officer, general partner or managing member, respectively. Attach a separate sheet if necessary.
 - Name: JEFFERY BOYD
PRINT FIRST AND LAST NAME
Address: PRICELINE.COM
NUMBER AND STREET
City: NORWALK State: CT Zip: 06854
EIN/SSN: 061528493
 - Name: DANIEL FINNEGAN
PRINT FIRST AND LAST NAME
Address: PRICELINE.COM
NUMBER AND STREET
City: NORWALK State: CT Zip: 06854
EIN/SSN: 061528493
 - Name: PETER MILLONES
PRINT FIRST AND LAST NAME
Address: PRICELINE.COM
NUMBER AND STREET
City: NORWALK State: CT Zip: 06854
EIN/SSN: 061528493
 - Name: CHRISTOPHER SODER
PRINT FIRST AND LAST NAME
Address: PRICELINE.COM
NUMBER AND STREET
City: NORWALK State: CT Zip: 06854
EIN/SSN: 061528493
- Name of Contact Person: BERNIE BLEAKLEY Telephone Number: (203) 299-8405
PRINT FIRST AND LAST NAME

CERTIFICATION

I certify that the information on this application is, to the best of my knowledge, true, correct, and complete.

Signature: Jack Bendowitz Title: TAX DIRECTOR Date: 8-26-09