



Municipal Accommodation Tax Registration Form

(Pursuant to By-Law No. 2025-072)

Important: Please use a separate form for each property. **Registration form is available online at**
niagarafalls.ca/MAT.

Establishment Information

Legal Name: _____

Operating As: _____ **Phone:** _____

Address: _____ **Number of Rooms:** _____

Assessment Roll Number: _____

Property General Manager, Owner or Hotel Manager Information

Name: _____ **Title:** _____

Email: _____ **Confirm Email:** _____

Phone: _____

Authorized Representative Information

Name: _____ **Title:** _____

Email: _____ **Confirm Email:** _____

Phone: _____

City of Niagara Falls – Finance Department
4310 Queen Street, Niagara Falls, Ontario, L2E 6X5
Phone: 905-356-7521 Fax: 905-356-0759 Web: niagarafalls.ca
Email: ar@niagarafalls.ca



| Month | Average # of Rooms Rented |
|-----------|---------------------------|
| January | |
| February | |
| March | |
| April | |
| May | |
| June | |
| July | |
| August | |
| September | |
| October | |
| November | |
| December | |

I certify that the information on this form and any applicable documents are true and correct.

Any personal information on this form is collected under the authority of By-law No. 2025-072. The personal information will be used for the administration of the MAT collection. Questions about this collection should be directed to the Finance Department, 4310 Queen Street, Niagara Falls, Ontario, L2E 6X5. Telephone 905-356-7521.