



Municipal Accommodation Tax Registration Form

(Pursuant to By-Law No. 2025-009)

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

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: _____

Monthly Average Occupancy

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

Representative Declaration

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

Signature of Authorized Representative Print Name

Date (MM/DD/YYYY)

Any personal information on this form is collected under the authority of By-law No. 2025-009. 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.