

**REGISTRATION FOR HOTEL ROOM EXCISE TAX
HUNTINGDON COUNTY EXCISE TAX ORDINANCE**

1. LEGAL NAME OF OWNER OF ESTABLISHMENT: _____

TRADE NAME: _____

2. LOCATION OF PRINCIPAL PLACE OF BUSINESS (PO BOXES ARE NOT ACCEPTABLE):

_____ TELEPHONE # _____

PROPERTY/MAP/ PARCEL#): _____

3. MAILING ADDRESS IF DIFFERENT THAN #2: _____

_____ TELEPHONE # _____

4. REGISTER IS OPERATING AS (CHECK APPROPRIATE SPACE): _____ AN INDIVIDUAL

_____ A PARTNERSHIP _____ AN ASSOCIATION _____ A CORPORATION

_____ OTHER _____ 4A. FEDERAL EIN _____

5. LIST THE NAME(S), TITLE(S), AND TELEPHONE NUMBER OF INDIVIDUAL(S)
RESPONSIBLE FOR REMITTING THE COUNTY ROOM EXCISE TAX:

NAME _____ TITLE _____ PHONE# _____

NAME _____ TITLE _____ PHONE# _____

EMAIL _____

6. TYPE OF BUSINESS: _____ HOTEL _____ MOTEL _____ BED & BREAKFAST

_____ GUEST HOUSE _____ OTHER _____

7. DESCRIBE BUSINESS ACTIVITIES: _____

8. DO YOU PROVIDE MEALS: _____ NO IF SO, WHICH MEALS?: _____

DOES THE CHARGE FOR OCCUPANCY OF ROOM INCLUDE MEALS: _____ NO

IF SO, WHICH MEALS?: _____

9. NUMBER OF LODGING ROOMS: _____ PRICE RANGE (EXPLAIN -- SINGLES, DOUBLES,

PER DAY, PER WEEK) _____

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS REGISTRATION FORM HAS BEEN EXAMINED BY ME, AND IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, CORRECT AND COMPLETE.

NAME _____ TITLE _____

SIGNATURE _____ DATE _____ PHONE# _____

UPON COMPLETION OF THIS APPLICATION, YOU ARE HEREBY AUTHORIZED BY THE HUNTINGDON COUNTY TREASURER TO COLLECT THE HUNTINGDON COUNTY EXCISE TAX.