OFFICE OF THE COUNTY TREASURER

DONNA M. SCHMITT, Treasurer
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Somerset, PA 15501
(814) 445-1482

REGISTRATION APPLICATION
SOMERSET COUNTY HOTEL ROOM RENTAL TAX

1. LEGAL NAME OF OWNER OF ESTABLISHMENT_____
_____

   TRADE NAME_____

2. LOCATION OF PRINCIPAL PLACE OF BUSINESS (P.O. BOXES ARE NOT ACCEPTABLE)_____

   TELEPHONE #_____

3. BILLING ADDRESS (IF DIFFERENT THAN ABOVE). ALL RECORDS INVOLVING COUNTY OF SOMERSET TRANSACTIONS MUST BE KEPT AT THE BUSINESS LOCATION.

   TELEPHONE #_____

4. FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)_____

5. APPLICANT IS OPERATING AS: ___INDIVIDUAL ___PARTNERSHIP ___ASSOCIATION ___CORPORATION ___OTHER (DESCRIBE)_____

6. PLEASE LIST THE NAME(S), TITLE(S) AND TELEPHONE NUMBER OF INDIVIDUAL(S) RESPONSIBLE FOR REMITTING THE SOMERSET COUNTY HOTEL EXCISE TAX.

7. TYPE OF BUSINESS: ___HOTEL ___MOTEL ___BED & BREAKFAST ___GUEST HOUSE ___OTHER

8. NUMBER OF LODGING ROOMS _____

9. PRICE RANGE:

SINGLE ROOMS:	DOUBLE ROOMS:
PER DAY_____	PER DAY_____
PER WEEK_____	PER WEEK_____
PER MONTH_____	PER MONTH_____

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 #_____

Office Use Only

FACILITY COUNTY.ROOM RENTAL TAX #_____

FORM A