

**EXEMPTION CERTIFICATE**

**SOMERSET COUNTY HOTEL ROOM RENTAL TAX**

Name of Establishment				
Street	City	State	Zip Code	
( <input type="checkbox"/> ) 1. Permanent Resident: Person has a rental period of thirty (30) consecutive, complete days of uninterrupted occupancy.				
( <input type="checkbox"/> ) 2. Other (Explain in Detail)				
I am authorized to execute this Certificate and claim this exception. I have examined the documentation tendered by the occupant/renter claiming to be exempt from this tax and have found such documentation supportive of exemption claimed.				
Name of Occupant/Renter	Street	City	State	Zip Code
Signature	Signer's Title		Date	

The establishment shall maintain records to support and identify all exempt occupancies.

This form can be duplicated.

**VOID UNLESS COMPLETE INFORMATION IS SUPPLIED**