

# DAUPHIN COUNTY HOTEL ROOM RENTAL TAX APPLICATION



<b>GENERAL INFORMATION</b>	<small>TYPE OF ESTABLISHMENT</small> HOTEL <input type="checkbox"/> MOTEL <input type="checkbox"/> INN <input type="checkbox"/> B <sub>ED</sub> & B <sub>REAKFAST</sub> <input type="checkbox"/> OTHER <input type="checkbox"/>	
CORPORATE NAME	# OF ROOMS	
LOCATION OF PRINCIPAL PLACE OF BUSINESS	TELEPHONE #	
BILLING ADDRESS (IF DIFFERENT THAN LOCATION)		
APPLICANT IS OPERATING AS:  <input type="checkbox"/> <b>INDIVIDUAL</b> <input type="checkbox"/> <b>A PARTNERSHIP</b> <input type="checkbox"/> <b>A CORPORATION</b>  <input type="checkbox"/> <b>ASSOCIATION</b> <input type="checkbox"/> <b>OTHER</b>		
<b>GENERAL INSTRUCTIONS</b>		
<b>APPLICATION IS HEREBY MADE FOR REGISTRATION AND COMPLIANCE TO COLLECT HOTEL ROOM RENTAL TAX FOR THE COUNTY OF DAUPHIN.</b> Please list the name(s), title(s) and, telephone number for individuals(s) responsible for remitting the county room rental tax:		
Name	Title	Telephone
Name	Title	Telephone
Name	Title	Telephone
Were your annual revenues for the preceding calendar year		<input type="checkbox"/> Less than 250,000? <input type="checkbox"/> Equal to or greater than 250,000?
<b>Price Range:</b> Single Rooms: Per Diem _____ Per Week _____ Per Month _____	Double Rooms: Per Diem _____ Per Week _____ Per Month _____	
I certify that the information provided on this application is to the best of my knowledge, true and correct.		
Name _____	Title _____	
Signature _____	Date _____	
Upon Completion and acceptance of this application your establishment will be authorized by the Dauphin County Treasurer to collect the Dauphin County Hotel Tax.		