

DAUPHIN COUNTY HOTEL ROOM RENTAL TAX APPLICATION



GENERAL INFORMATION	<small>TYPE OF ESTABLISHMENT</small> HOTEL <input type="checkbox"/> MOTEL <input type="checkbox"/> INN <input type="checkbox"/> B _{ED} & B _{REAKFAST} <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"/> INDIVIDUAL <input type="checkbox"/> A PARTNERSHIP <input type="checkbox"/> A CORPORATION <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> OTHER		
GENERAL INSTRUCTIONS		
APPLICATION IS HEREBY MADE FOR REGISTRATION AND COMPLIANCE TO COLLECT HOTEL ROOM RENTAL TAX FOR THE COUNTY OF DAUPHIN. 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?
Price Range: 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.		