

SUSQUEHANNA COUNTY TREASURER
PO BOX 218
MONTROSE, PA. 18 801 -0218

570-278-4600 X6695, 570-278-3372 FAX

www.susqco.com

SUSQUEHANNA COUNTY HOTEL ROOM RENTAL TAX APPLICATION

GENERAL INFORMATION		TYPE OF ESTABLISHMENT 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: <div style="display: flex; justify-content: space-around;"><input type="checkbox"/> INDIVIDUAL<input type="checkbox"/> A PARTNERSHIP<input type="checkbox"/> A CORPORATION</div> <div style="display: flex; justify-content: space-around;"><input type="checkbox"/> ASSOCIATION<input type="checkbox"/> OTHER</div>			
GENERAL INSTRUCTIONS			
APPLICATION IS HEREBY MADE FOR REGISTRATION AND COMPLIANCE TO COLLECT HOTEL ROOM RENTAL TAX FOR THE COUNTY OF SUSQUEHANNA. Please list the name(s), title(s) and, telephone number for individuals(s) responsible for remitting the county room rental tax:			
Name		Title	
Name		Title	
Name		Title	
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;">Price Range: Single Rooms: Per Diem _____ Per Week _____ Per Month _____</div><div style="width: 45%; text-align: right;">Double Rooms: Per Diem _____ Per Week _____ Per Month _____</div></div>			
<p>I certify that the information provided on this application is to the best of my knowledge, true and correct. I understand that false statements made herein are subject to the penalties pursuant to 18 Pa. C.S.A. §4904, relating to unsworn falsification to authorities.</p> <p>Name _____ Title _____</p> <p>Signature _____ Date _____</p> <p>Upon completion and acceptance of this application your establishment will be authorized by the Susquehanna County Treasurer to collect the Susquehanna County Hotel Tax.</p>			