



YORK COUNTY HOTEL EXCISE TAX REGISTRATION FORM

YORK COUNTY TREASURER
28 East Market St, Room 126
York, PA. 17401-1584
(717) 771-9974

CORPORATE/ENTITY NAME (include all DBA's): _____

CORPORATE OFFICE ADDRESS: _____

REGISTRANT IS OPERATING AS: _____ INDIVIDUAL _____ CORPORATION _____ PARTNERSHIP
_____ ASSOCIATION _____ OTHER: _____

PRINCIPAL PLACE OF BUSINESS ADDRESS (PO Boxes not acceptable): _____
PHONE #: _____

CURRENT ADDRESS FOR LEGAL NOTICES: _____

LEGAL NAME OF OWNER OF ESTABLISHMENT: _____

HOME ADDRESS: _____

FEDERAL TAX ID (EIN) or SOCIAL SECURITY NUMBER: _____

LIST THE NAME(S), TITLE(S) AND TELEPHONE NUMBER(S) FOR INDIVIDUAL(S) RESPONSIBLE FOR
REMITTING THE HOTEL EXCISE TAX:

NAME: _____ TITLE: _____ PHONE#: _____

NAME: _____ TITLE: _____ PHONE#: _____

TYPE OF BUSINESS: _____ HOTEL _____ MOTEL _____ BED & BREAKFAST _____ INN
_____ GUEST HOUSE _____ ONLINE BOOKING AGENT _____ OTHER: _____

NUMBER OF LODGING ROOMS: _____

RATES:	SINGLE ROOMS:	DOUBLE ROOMS:	SUITES:
PER DAY	_____	_____	_____
PER WEEK	_____	_____	_____
PER MONTH	_____	_____	_____

ATTACH RATE SCHEDULE – IF YOUR ESTABLISHMENT CHARGES DIFFERENT RATES FOR WEEKDAY AND WEEKEND STAYS, YOU MUST PROVIDE THOSE RATES FOR EACH ROOM TYPE.

I CERTIFY THAT THE ABOVE INFORMATION HAS BEEN EXAMINED BY, AND IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT AND IN COMPLIANCE WITH THE YORK COUNTY HOTEL EXCISE TAX ORDINANCE. IF ANY CHANGES ARE MADE TO THE ABOVE INFORMATION, IT IS THE RESPONSIBILITY OF THE REGISTRANT TO NOTIFY THE COUNTY OF THESE CHANGES IN WRITING. I UNDERSTAND THAT FALSE STATEMENTS MADE HEREIN ARE SUBJECT TO THE PENALTIES OF 18 PA C.S. 4904 RELATING TO UNSWAORN FALSICATION TO AUTHORITIES.

PRINT NAME: _____ TITLE: _____ PHONE#: _____

SIGNATURE: _____ DATE: _____