

YORK COUNTY HOTEL EXCISE TAX APPLICATION

YORK COUNTY TREASURER

28 East Market St

Room 126

York, PA. 17401-1584

(717) 771-4339

BUSINESS OR TRADE NAME: _____

OWNER'S NAME: _____

LOCATION OF PRINCIPAL PLACE OF BUSINESS (P.O. Boxes not acceptable):

_____ Phone #: _____

MAILING ADDRESS: _____

FEDERAL EMPLOYEE IDENTIFICATION NUMBER EIN): _____

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 _____ OTHER _____

NUMBER OF LODGING ROOMS: _____

RATE FOR SINGLE ROOMS:

PER DAY _____

PER WEEK _____

PER MONTH _____

DOUBLE ROOMS:

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST
OF MY KNOWLEDGE,.

SIGNATURE _____ DATE _____

PRINT NAME _____ TITLE _____ PHONE# _____