

CHESTER COUNTY HOTEL ROOM RENTAL TAX REGISTRATION

Patricia Maisano, Treasurer

P.O. Box 2748, West Chester, PA 19380-0991 610-344-6370

Legal name of owner of establishment _____

Trade name _____

Location of principal place of business *(PO Boxes are not acceptable)*

Billing address if different from above *(All records involving County of Chester transactions must be maintained at business location)*

Phone _____ Federal Employer Identification (EIN) _____

Applicant is operating as: _____ Individual _____ Partnership _____ Association _____ Corporation
Other (describe) _____

List names, titles and phone numbers of individuals responsible for remitting the Hotel Room Rental Tax

Name _____ Title _____ Phone _____

Name _____ Title _____ Phone _____

Type of Business _____ Hotel _____ Motel _____ Bed & Breakfast _____ Inn _____ Guest House

Do you provide meals? _____ Yes _____ No If so, which meals? _____

Is there a charge for meals? _____ Yes _____ No If so, which meals? _____

Number of lodging rooms _____

Current average price of rooms

Single Rooms

Double Rooms

Per Day _____ Per Day _____

Per Week _____ Per Week _____

Per Month _____ Per Month _____

I certify that the information on this form has been examined by me, and is, to the best of my knowledge and belief true, correct and complete.

Name _____ Title _____

Signature _____ Date _____ Phone _____

Upon completion of this registration and issuance of the Certificate of Authorization, you will be authorized by the Chester County Treasurer to collect the hotel room tax.