

CHESTER COUNTY HOTEL ROOM RENTAL TAX

PATRICIA MAISANO, TREASURER
PO Box 2748, West Chester, PA 19380-0991
610-344-6370

HOTEL INFORMATION

TRADE NAME (Name of hotel operating in Chester County):

STREET ADDRESS OF HOTEL (PO Box Number is NOT acceptable; Include City, State, Zip):

HOTEL PHONE NO.:

IF TRADE NAME IS FRANCHISED, LIST NAME & ADDRESS OF FRANCHISOR:

FRANCHISOR NAME:

FRANCHISOR ADDRESS:

BUSINESS OWNER/OPERATOR INFORMATION

LEGAL NAME OF OPERATOR OF HOTEL BUSINESS NAMED HEREIN UNDER "TRADE NAME":

OWNER'S (PRINCIPAL'S)/OPERATOR'S ADDRESS (Include City, State, Zip):

OWNER'S (PRINCIPAL'S) PHONE:

APPLICANT IS OPERATING AS: SOLE PROPRIETOR PARTNERSHIP ASSOCIATION CORPORATION OTHER (Describe)

LEGAL OWNER OF LAND & BUILDING

LEGAL OWNER OF LAND & BUILDING (If owned by a Real Estate Investment Trust, list name(s) of principal(s) ; Include City, State, Zip)

NAME:

ADDRESS:

PHONE:

TYPE OF BUSINESS: HOTEL MOTEL BED & BREAKFAST INN GUEST HOUSE

OTHER (Describe)

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MANAGEMENT COMPANY RETAINED TO HANDLE ACCOUNTING FUNCTION

LEGAL NAME OF MANAGEMENT COMPANY ((List name(s) of principal(s)) ; Include City, State, Zip):

NAME: _____

ADDRESS: _____

PHONE: _____

NAME OF INDIVIDUAL FILING TAX REPORT

PLEASE LIST THE NAME(S), TITLE(S), AND TELEPHONE NUMBER OF INDIVIDUAL(S) RESPONSIBLE FOR REMITTING THE HOTEL ROOM RENTAL TAX (For example: Controller, Accountant, Bookkeeper, Owner, Etc.):

NAME: _____ TITLE: _____ PHONE: _____

NAME: _____ TITLE: _____ PHONE: _____

ROOM COUNT, RATES, MEALS

DOES THE ROOM CHARGE INCLUDE MEALS?: ___ YES ___ NO IF SO, WHICH MEAL(S)? _____

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 _____

TO BE COMPLETED BY OWNER (OR OFFICER OF BUSINESS IF NOT SOLELY OWNED)

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS REGISTRATION FORM HAS BEEN EXAMINED BY ME, AND IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, CORRECT AND COMPLETE. FURTHER, I CERTIFY THAT I AM THE PARTY FINANCIALLY RESPONSIBLE FOR PAYMENT OF HOTEL TAX IN THE EVENT OF DEFAULT OR FAILURE TO REMIT A TAX PAYMENT(S).

PRINT NAME & TITLE

NAME _____ TITLE _____

SIGNATURE _____ DATE _____ PHONE _____

UPON COMPLETION OF THIS REGISTRATION AND ISSUANCE OF THE CERTIFICATE OF AUTHORIZATION, YOU WILL BE DULY AUTHORIZED BY THE CHESTER COUNTY TREASURER TO COLLECT THE HOTEL ROOM RENTAL TAX.