SCHUYLKILL COUNTY HOTEL TAX REGISTRATION

OFFICE OF THE COUNTY TREASURER
LINDA L. MARCHALK
401 NORTH SECOND STREET
POTTSVILLE, PA 17901
570-628-1436
FAX: 570-628-1431

1. LEGAL NAME OF OWNER OF ESTABLISHMENT: _____
   TRADE NAME: _____

2. LOCATION OF PRINCIPAL PLACE OF BUSINESS OPERATION. (PO BOXES ARE NOT ACCEPTABLE
   _____
   _____
   TELEPHONE NUMBER: _____

3. BUSINESS ADDRESS (IF DIFFERENT THAN LISTING #2). ALL RECORDS INVOLVING THE COLLECTION OF SCHUYLKILL COUNTY HOTEL TAX MUST BE KEPT AT THE BUSINESS LOCATION:
   _____
   _____
   TELEPHONE NUMBER: _____

4. FEDERAL TAX IDENTIFICATION NUMBER (EIN): _____

5. REGISTRANT IS OPERATING AS ☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION ☐ ASSOCIATION ☐ OTHER(DESCRIBE)
   _____

6. PLEASE LIST THE NAME(S), TITLE(S) AND PHONE NUMBER OF RESPONSIBLE PARTY FOR REMITTING THE COUNTY HOTEL TAX.

   NAME _____ TITLE _____ PHONE#_____

   NAME _____ TITLE _____ PHONE# _____

7. TYPE OF BUSINESS: ☐ HOTEL/MOTEL ☐ BED/BREAKFAST ☐ OTHER

8. DO YOU PROVIDE MEALS: ☐ YES ☐ NO
   IF SO WHICH MEALS? _____

9. DOES THE OCCUPANCY OF ROOM INCLUDE A MEAL(S)? ☐ YES ☐ NO
   IF SO WHICH MEAL(S)? _____

10. NUMBER OF LODGING ROOMS: _____

11. IF YOU ESTABLISHMENT IN OPERATION YEAR ROUND? ☐ YES ☐ NO IF NOT PLEASE INDICATE DATE OF OPERATION: _____

HOTEL OPERATORS ARE REQUIRED TO MAINTAIN RECORDS TO SUPPORT AND IDENTIFY EXEMPTIONS. THIS FORM MUST ACCOMPANY THE MONTHLY HOTEL TAX RETURN. I UNDERSTAND THAT FALSE STATEMENTS MADE HEREIN ARE SUBJECT TO THE PENALTIES PURSUANT TO *18 Pa.C.S.A. 4904* RELATING TO UN SWORN FALSIFICATION TO AUTHORITIES.

PRINT NAME: _____ **TITLE:** _____ **PHONE:** _____

SIGNATURE: _____**DATE:** _____