

**REGISTRATION FOR THE
CHESTER COUNTY HOTEL ROOM RENTAL TAX**

ANN DUKE, TREASURER
P.O. BOX 2748
WEST CHESTER, PA 19380-0991
610-344-6370

1. LEGAL NAME OF OWNER OF ESTABLISHMENT: _____

TRADE NAME: _____

2. LOCATION OF PRINCIPAL PLACE OF BUSINESS (PO BOX NUMBERS ARE NOT ACCEPTABLE):

_____ TELEPHONE NO.: _____

3. BILLING ADDRESS (IF DIFFERENT THAN #2). ALL RECORDS INVOLVING COUNTY OF CHESTER TRANSACTIONS MUST BE KEPT AT THE BUSINESS LOCATION.

_____ TELEPHONE NO.: _____

4. FEDERAL EMPLOYER IDENTIFICATION (EIN): _____

5. APPLICANT IS OPERATING AS: INDIVIDUAL PARTNERSHIP ASSOCIATION

CORPORATION OTHER (DESCRIBE) _____

6. PLEASE LIST THE NAME(S), TITLE(S), AND TELEPHONE NUMBER OF INDIVIDUAL(S) RESPONSIBLE FOR REMITTING THE HOTEL ROOM RENTAL TAX:

NAME: _____ TITLE: _____ PHONE: _____

NAME: _____ TITLE: _____ PHONE: _____

7. TYPE OF BUSINESS: HOTEL MOTEL BED & BREAKFAST

INN GUEST HOUSE OTHER

8. DO YOU PROVIDE MEALS?: YES NO

IF SO, WHICH MEALS?: _____

9. DOES THE ROOM CHARGE INCLUDE MEALS?: YES NO

IF SO, WHICH MEALS?: _____

10. NUMBER OF LODGING ROOMS: _____

11. 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 PROVIDED IN THIS REGISTRATION 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 NO. _____

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 RENTAL TAX.