

MIFFLIN COUNTY HOTEL ROOM RENTAL TAX

REGISTRATION APPLICATION

BUSINESS TYPE: HOTEL ____ MOTEL ____ BED & BREAKFAST ____ GUEST HOUSE ____ OTHER ____

NUMBER OF ROOMS

CORPORATE NAME

LOCATION OF PRINCIPAL PLACE OF BUSINESS

BILLING ADDRESS (If different than location)

TELEPHONE #

APPLICANT IS OPERATING AS: INDIVIDUAL ____ PARTNERSHIP ____ ASSOCIATION ____ CORPORATION ____

PLEASE LIST THE NAMES, TITLES, AND TELEPHONE NUMBERS OF INDIVIDUALS RESPONSIBLE FOR REMITTING THE MIFFLIN COUNTY HOTEL TAX:

NAME: _____ TITLE: _____ PHONE# _____

NAME: _____ TITLE: _____ PHONE# _____

PRICE RANGE:

	Single rooms:		Double Rooms
Per Diem		Per Diem	
Per Week		Per Week	
Per Month		Per Month	

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS REGISTRATION FORM HAS BEEN EXAMINED BY ME, AND IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, CORRECT AND COMPLETE.

EMAIL: _____

NAME (PLEASE PRINT): _____ TITLE: _____

SIGNATURE: _____ DATE _____ PHONE # _____