

REGISTRATION APPLICATION
TIOGA COUNTY ROOM RENTAL EXCISE TAX
TIOGA COUNTY TREASURER
TIOGA COUNTY COURT HOUSE
118 MAIN STREET
WELLSBORO PA 16901
570/723-8213

OFFICE USE ONLY
Date Received _____
Facility's County Excise Tax # _____

1. Legal name of owner of establishment: _____

Trade Name _____

2. Location of principal place of business: (P.O. Boxes are not acceptable)
_____ Telephone # _____

3. Billing address (if different than #2) all records involving County of Tioga transactions must be kept at the business location:
_____ Telephone # _____

4. Federal Employer Identification Number (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 Tioga County Room Rental Excise Tax.

Name _____ Title _____ Phone # _____

Name _____ Title _____ Phone # _____

7. Type of business: _____ Hotel _____ Motel _____ Bed and Breakfast
_____ Guest House _____ Other

8. Number of lodging rooms: _____

9. Price range: Single Rooms: Double Rooms:
 Per Day _____ Per Day _____
 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.

Name _____ Title _____

Signature _____ Date _____ Phone # _____