

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

<b>OFFICE USE ONLY</b> Date Received _____ Facility's County Excise Tax # _____
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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 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: Per Day \_\_\_\_\_ Per Week \_\_\_\_\_ Per Month \_\_\_\_\_  
   Double Rooms: Per Day \_\_\_\_\_ Per Week \_\_\_\_\_ Per Month \_\_\_\_\_

10. What schedule do you intend to follow to report Excise Tax to the county? \_\_\_\_\_ monthly  
\_\_\_\_\_ quarterly \_\_\_\_\_ semi-annually \_\_\_\_\_ annually.

**PLEASE NOTE: IT IS RECOMMENDED YOU REPORT/ PAY EXCISE TAX ON THE SAME SCHEDULE THAT YOU REPORT/PAY THE STATE.**

\*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 # \_\_\_\_\_

Email Address \_\_\_\_\_