

REGISTRATION FORM
LEBANON COUNTY HOTEL TAX
SALLIE A. NEUIN, COUNTY TREASURER
400 S. 8th STREET, ROOM 103
LEBANON, PA 17042
(717)228-4420

LEGAL NAME OF OWNER OF ESTABLISHMENT: _____

TRADE NAME: _____

LOCATION OF PRINCIPAL PLACE OF BUSINESS OPERATION: (NO P.O. BOXES)
_____ TELEPHONE #: _____

EMAIL ADDRESS: _____

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

EMAIL ADDRESS: _____

FEDERAL TAX IDENTIFICATION NUMBER (EIN): _____

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

NAME(S), TITLE(S), AND PHONE NUMBER(S) OF RESPONSIBLE PARTY FOR REMITTING THE
COUNTY HOTEL TAX:

NAME	TITLE	PHONE
_____	_____	_____
NAME	TITLE	PHONE
_____	_____	_____

TYPE OF BUSINESS:
HOTEL/MOTEL _____ BED & BREAKFAST _____ OTHER _____

DO YOU PROVIDE MEALS? IF SO WHICH MEALS? _____
YES _____ NO _____

DOES THE OCCUPANCY OF ROOM INCLUDE MEAL?
YES _____ NO _____

NUMBER OF LODGING ROOMS: _____

I CERTIFY THAT THE ABOVE INFORMATION HAS BEEN EXAMINED BY, AND IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT AND
IN COMPLIANCE WITH THE LEBANON COUNTY HOTEL TAX RENTAL LAW. IF ANY CHANGES ARE MADE TO THE ABOVE INFORMATION, IT IS
THE RESPONSIBILITY OF THE REGISTRANT TO NOTIFY THE COUNTY OF THESE CHANGES IN WRITING. I UNDERSTAND THAT FALSE
STATEMENTS MADE HEREIN ARE SUBJECT TO THE PENALTIES OF 18 PA C.S. 4904 RELATING TO UNSWORN FALSIFICATION TO
AUTHORTIES.

PRINT NAME: _____ TITLE: _____ PHONE: _____
SIGNATURE: _____ DATE: _____