

REGISTRATION FORM
LEBANON COUNTY HOTEL TAX
SALLIE A. NEUIN, COUNTY TREASURER
400 S. 8th STREET, ROOM 103
LEBANON, PA 17042
(717)274-2801 EXT 2229

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 AUTHORITIES.

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