

LACKAWANNA COUNTY HOTEL ROOM RENTAL TAX

REGISTRATION APPLICATION

OFFICE OF THE COUNTY TREASURER

Edward Karpovich, Treasurer

135 Jefferson Avenue

Scranton, PA 18503

(570) 963-6731

1. LEGAL NAME OF OWNER OF ESTABLISHMENT _____

TRADE NAME _____

2. LOCATION OF PRINCIPAL PLACE OF BUSINESS (P. O. BOXES ARE NOT ACCEPTABLE)

TELEPHONE # _____ EMAIL _____

3. BILLING ADDRESS (IF DIFFERENT THAN ABOVE) _____

ALL RECORDS INVOLVING COUNTY OF LACKAWANNA TRANSACTIONS MUST BE KEPT AT THE BUSINESS LOCATION.

TELEPHONE # _____ EMAIL _____

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 LACKAWANNA COUNTY HOTEL ROOM RENTAL TAX.

Name:	Title:	Phone #:
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. TYPE OF BUSINESS: ___ HOTEL ___ MOTEL ___ BED & BREAKFAST

___ GUEST HOUSE ___ OTHER

8. NUMBER OF LODGING ROOMS _____

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 _____
(PRINT)

SIGNATURE _____ DATE _____ PHONE # _____