

**LACKAWANNA COUNTY HOTEL ROOM RENTAL TAX**

**REGISTRATION APPLICATION**

**OFFICE OF THE COUNTY TREASURER  
Edward Karpovich, Treasurer  
123 Wyoming Avenue -2<sup>nd</sup> floor  
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 # \_\_\_\_\_