

**REGISTRATION APPLICATION
MERCER COUNTY HOTEL EXCISE TAX
AMBER R. WHITE
MERCER COUNTY TREASURER
104 COURTHOUSE
MERCER, PA. 16137-1290
(724) 662-4440**

Office use only	
Date Received	
Facility's County Excise Tax #	

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 MERCER 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 MERCER COUNTY HOTEL EXCISE TAX.

NAME _____ TITLE _____ PHONE # _____

NAME _____ TITLE _____ PHONE # _____

7. TYPE OF BUSINESS: _____ HOTEL _____ MOTEL _____ BED & BREAFAST _____ GUEST HOUSE _____ OTHER _____

8. NUMBER OF LODGING ROOMS: _____

9. PRICE RANGE:	SINGLE ROOMS:	DOUBLE ROOMS:
	PER DAY _____	PER DAY _____
	PER WEEK _____	PER WEEK _____
	PER MONTH _____	PER MONTH _____

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 # _____