

COUNTY OF MERCER HOTEL EXCISE TAX EXEMPTION CERTIFICATE

Name of Establishment				
Street	City	State	Zip Code	
EITHER #1, #2, #3 OR #4 MUST BE CHECKED.				
<input type="checkbox"/> 1. Permanent Resident: Person has a rental period of thirty (30) consecutive, complete days of uninterrupted occupancy.				
<input type="checkbox"/> 2. Government employee while on official business.				
<input type="checkbox"/> 3. Non-profit Social Organizations: Such as American Red Cross, Rescue Mission or Salvation Anny providing short term overnight housing for individuals or families in distress.				
<input type="checkbox"/> 4. Other _____ _____ _____				
I am authorized to execute this Certificate and claim this exemption.				
Name of Occupant/Renter	Street	City	State	Zip Code
Signature of Occupant/Renter		Signer's Title	Date	

I have examined the documentation tendered by the occupant/renter claiming to be exempt from this tax and have found such documentation supportive of exemption claimed.

Signature of Establishment Employee	Signer's Title	Date
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The Establishment shall maintain records to support and identify all exempt occupancies. This form can be duplicated.

VOID UNLESS COMPLETE INFORMATION IS SUPPLIED