

**REGISTRATION APPLICATION  
WARREN COUNTY HOTEL EXCISE TAX**

**WARREN COUNTY TREASURER  
204 FOURTH AVENUE  
WARREN, PA 16365-2399  
(814) 728-3415**

Office use only	
Date Received	
Facility's County Excise #	WRN-

**TRADE NAME:** \_\_\_\_\_

**1. LEGAL NAME OF OWNER OF ESTABLISHMENT:** \_\_\_\_\_

**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 WARREN 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 WARREN COUNTY HOTEL EXCISE TAX.**

**NAME** \_\_\_\_\_ **TITLE** \_\_\_\_\_ **PHONE#** \_\_\_\_\_

**NAME** \_\_\_\_\_ **TITLE** \_\_\_\_\_ **PHONE#** \_\_\_\_\_

**7. TYPE OF BUSINESS:** \_\_\_ **Class I** \_\_\_ **Class II**

\_\_\_ **HOTEL** \_\_\_ **MOTEL** \_\_\_ **BED & BREAKFAST** \_\_\_ **GUEST HOME** \_\_\_ **OTHER**

**If other is chosen please list what type of establishment** \_\_\_\_\_

**8. TOTAL NUMBER OF LODGING ROOMS AND PRICE RANGE**

**SINGLE ROOMS:** \_\_\_\_\_  
**COST PER DAY** \_\_\_\_\_  
**COST PER WEEK** \_\_\_\_\_  
**COST PER MONTH** \_\_\_\_\_

**DOUBLE ROOMS:** \_\_\_\_\_  
**COST PER DAY** \_\_\_\_\_  
**COST PER WEEK** \_\_\_\_\_  
**COST PER MONTH** \_\_\_\_\_

**I CERTIFY THAT THE INFORMATION PROVIDED ON THE 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 #** \_\_\_\_\_