

TREASURER OF ELK COUNTY
300 Center Street Courthouse Annex
P.O. Box 247
Ridgway, PA 15853
(814) 776-5321

REGISTRATION APPLICATION
ELK COUNTY HOTEL ROOM RENTAL TAX

1. Legal Name of Owner of Establishment: _____

2. Trade Name: _____

3. Location of principal place of business operation (P.O. BOXES ARE NOT ACCEPTABLE):

Telephone # _____ E-Mail _____

4. Business Address: (IF DIFFERENT THAN LISTING ABOVE) **All records involving the collection of Elk County Hotel Tax must be kept at the business location.**

_____ Telephone # _____

5. Federal EIN Number: _____

6. Registrant is Operating as: _____ Individual _____ Partnership _____ Corporation _____ Association
_____ Other _____ (Describe).

7. Please list the name (s), title (s), and phone number of responsible party for remitting the County Hotel Room Rental Tax.

Name: _____ Title _____ Phone # _____

Name: _____ Title _____ Phone # _____

8. Type of Business: _____ Hotel/Motel _____ Bed & Breakfast _____ Other _____

9. Number of Lodging Rooms: _____

10. Price Range:	Single Room:	Double Room:
	Per Day: _____	Per Day: _____
	Per Week: _____	Per Week: _____
	Per Month: _____	Per Month: _____

I certify that the above information has been examined by, and is, to the best of my knowledge, true and correct and in compliance with the Elk County Hotel Tax Rental Law. If any changes are made to the above information, it is the responsibility of the registrant to notify the County Treasurer of these changes in writing.

Print Name: _____ Title: _____ Phone # _____

Signature: _____ Date: _____ Fax # _____