

REGISTRATION APPLICATION
McKEAN COUNTY HOTEL EXCISE TAX
McKEAN COUNTY TREASURER
500 WEST MAIN STREET
SMETHPORT, PA 16749
Phone: 814/887-3220
Fax: 814/887-3229

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: (PO Boxes are not acceptable)

Telephone # _____

3. Billing address (if different than #2) all records involving County of McKean 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 McKean County Hotel Excise Tax.

Name _____ Title _____ Phone # _____

Name _____ Title _____ Phone # _____

7. Type of business: _____ Hotel _____ Motel _____ Bed and Breakfast
_____ 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 belief, true, correct and complete.

Name _____ Title _____

Signature _____ Date _____ Phone # _____