

**COUNTY OF McKEAN
HOTEL EXCISE TAX
EXEMPTION CERTIFICATE**

Name of Establishment:

Street	City	State	Zip Code
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() 1. Permanent Resident: Person has a rental period of sixty (60) consecutive, complete days of uninterrupted occupancy.

() 2. Other _____
(Explain in detail)

I am authorized to execute this Certificate and claim this exception. 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.

Name of Occupant/Renter

Street	City	State	Zip Code
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Signature	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

Original – County Copy

Duplicate – Hotel Copy