

**WAYNE COUNTY HOTEL ROOM RENTAL EXCISE TAX
REGISTRATION APPLICATION****OFFICE USE ONLY**Date received _____
Operator's County Excise _____**PLEASE TYPE OR PRINT LEGIBLY**

1. Operator's Legal Name: _____

Trade Name (DBA): _____

2. Location of principal place of business: (P.O. Boxes are not acceptable) _____

Telephone #: _____

Township: _____

Email: _____

3. Billing address (if different than #2). All records involving: County of Wayne transactions must be kept at the business location;

Telephone #: _____

Email address: _____

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 Wayne County Hotel Room Rental
Excise Tax.

Name _____ Title _____ Phone # _____

Name _____ Title _____ Phone # _____

7. Type of business: _____ Hotel _____ Motel _____ Bed and Breakfast _____ Guest House _____ Other (describe)

8. Total number of lodging rooms: _____

9. Price Range: Single Rooms: _____ Double Rooms: _____

Per Day _____

Per Week _____

Per Month _____

10. Meals included in room rental rate: Yes: _____ No: _____

If yes, Breakfast: _____

Lunch: _____

Dinner: _____

I certify that the information provided on this registration form has been examined by me, and is, to the best of my knowledge, true, correct and complete.

Name (Print)_____Title_____

Signature_____Date_____Phone #_____

Remit form to: Wayne County Treasurer, 925 Court Street, Honesdale, PA 18431

FAX 570-647-0338

Email: treasurer@waynecountypa.gov