

**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