

**Registration Application**  
**Potter County Hotel Excise Tax**

OFFICE USE ONLY

Date received \_\_\_\_\_  
Facility's County Excise  
tax # \_\_\_\_\_

**Potter County Treasurer**  
1 North Main St., Suite 202  
Coudersport, PA 16915  
814-274-9775

1. Legal name of owner of establishment: \_\_\_\_\_

Trade Name(d/b/a) \_\_\_\_\_

2. Location/Street Address of principal place of business: (P.O. Boxes alone are not acceptable)

\_\_\_\_\_ Telephone #( ) \_\_\_\_\_

3 Business address (if different than #2); *(All records involving transactions subject to Tax must be kept at the business location:)*

\_\_\_\_\_ Telephone # \_\_\_\_\_

4. Federal Employer Identification (EIN) or Social Security Number;  
(EIN)/(SS): \_\_\_\_\_

5. Applicant is operating as: \_\_\_\_\_ Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Association  
\_\_\_\_\_ Corporation \_\_\_\_\_ Sole Proprietorship or Other \_\_\_\_\_  
(Please describe) \_\_\_\_\_

6. Please list the name(s), title(s) and telephone number of individual(s) responsible for filing tax returns and remitting the Potter County Hotel Excise Tax.

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone # \_\_\_\_\_

7. Type of business: \_\_\_\_\_ Hotel \_\_\_\_\_ Motel \_\_\_\_\_ Bed and Breakfast  
\_\_\_\_\_ Guest House \_\_\_\_\_ Other

8. Total 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, information and belief, true, correct, and complete.

**I understand that false statements made herein are made subject to the penalties of 18 Pa. C.S. § 4904, relating to unsworn falsification to authorities.**

Name \_\_\_\_\_ *(Please Print)* Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone # \_\_\_\_\_