

CHESTER COUNTY HOTEL ROOM RENTAL TAX

ALAN RANDZIN, TREASURER
Chester County Courthouse, Suite 120, PO Box 2748, West Chester, PA 19380-0991
610-344-6370

HOTEL INFORMATION

TRADE NAME (Name of hotel operating in Chester County): \_\_\_\_\_

STREET ADDRESS OF HOTEL (PO Box Number is NOT acceptable; Include City, State, Zip):

\_\_\_\_\_
\_\_\_\_\_

HOTEL PHONE NO.: \_\_\_\_\_

IF TRADE NAME IS FRANCHISED, LIST NAME & ADDRESS OF FRANCHISOR:

FRANCHISOR NAME: \_\_\_\_\_

FRANCHISOR ADDRESS: \_\_\_\_\_

BUSINESS OWNER/OPERATOR INFORMATION

LEGAL NAME OF OPERATOR OF HOTEL BUSINESS NAMED HEREIN UNDER "TRADE NAME":

\_\_\_\_\_
OWNER'S (PRINCIPAL'S)/OPERATOR'S ADDRESS (Include City, State, Zip):
\_\_\_\_\_
\_\_\_\_\_

OWNER'S (PRINCIPAL'S) PHONE: \_\_\_\_\_

APPLICANT IS OPERATING AS: \_\_\_SOLE PROPRIETOR \_\_\_PARTNERSHIP \_\_\_ASSOCIATION \_\_\_CORPORATION
\_\_\_OTHER (Describe) \_\_\_\_\_

LEGAL OWNER OF LAND & BUILDING

LEGAL OWNER OF LAND & BUILDING ((If owned by a Real Estate Investment Trust, list name(s) of principal(s)) ; Include City, State, Zip)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_HOTEL \_\_\_MOTEL \_\_\_BED & BREAKFAST \_\_\_INN \_\_\_GUEST HOUSE
\_\_\_OTHER (Describe) \_\_\_\_\_

CHESTER COUNTY HOTEL ROOM RENTAL TAX

ALAN RANDZIN, TREASURER
Chester County Courthouse, Suite 120, PO Box 2748, West Chester, PA 19380-0991
610-344-6370

MANAGEMENT COMPANY RETAINED TO HANDLE ACCOUNTING FUNCTION

LEGAL NAME OF MANAGEMENT COMPANY ((List name(s) of principal(s)) ; Include City, State, Zip):

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME OF INDIVIDUAL FILING TAX REPORT

PLEASE LIST THE NAME(S), TITLE(S), AND TELEPHONE NUMBER OF INDIVIDUAL(S) RESPONSIBLE FOR REMITTING THE HOTEL ROOM RENTAL TAX (For example: Controller, Accountant, Bookkeeper, Owner, Etc.):

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

ROOM COUNT, RATES, MEALS

DOES THE ROOM CHARGE INCLUDE MEALS?: \_\_\_ YES \_\_\_ NO IF SO, WHICH MEAL(S)? \_\_\_\_\_

NUMBER OF LODGING ROOMS: \_\_\_\_\_

CURRENT AVERAGE PRICE OF ROOMS:

SINGLE ROOMS:

DOUBLE ROOMS:

PER DAY \_\_\_\_\_

PER DAY \_\_\_\_\_

PER WEEK \_\_\_\_\_

PER WEEK \_\_\_\_\_

PER MONTH \_\_\_\_\_

PER MONTH \_\_\_\_\_

TO BE COMPLETED BY OWNER (OR OFFICER OF BUSINESS IF NOT SOLELY OWNED)

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS REGISTRATION FORM HAS BEEN EXAMINED BY ME, AND IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, CORRECT AND COMPLETE. FURTHER, I CERTIFY THAT I AM THE PARTY FINANCIALLY RESPONSIBLE FOR PAYMENT OF HOTEL TAX IN THE EVENT OF DEFAULT OR FAILURE TO REMIT A TAX PAYMENT(S).

PRINT NAME & TITLE

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ PHONE \_\_\_\_\_

UPON COMPLETION OF THIS REGISTRATION AND ISSUANCE OF THE CERTIFICATE OF AUTHORIZATION, YOU WILL BE DULY AUTHORIZED BY THE CHESTER COUNTY TREASURER TO COLLECT THE HOTEL ROOM RENTAL TAX.