

**REGISTRATION FORM
CUMBERLAND COUNTY HOTEL TAX**

**OFFICE OF THE COUNTY TREASURER
JOHN C. GROSS, TREASURER
1 COURTHOUSE SQUARE
CARLISLE, PA 17013
(717) 240-6380**

1. LEGAL NAME OF OWNER OF ESTABLISHMENT: _____
TRADE NAME _____
2. LOCATION OF PRINCIPAL PLACE OF BUSINESS OPERATION (P. O. BOXES ARE NOT ACCEPTABLE):

TELEPHONE # _____
3. BUSINESS ADDRESS (IF DIFFERENT THAN LISTING #2). ALL RECORDS INVOLVING THE COLLECTION OF CUMBERLAND COUNTY HOTEL TAX MUST BE KEPT AT THE BUSINESS LOCATION.

Telephone Number: _____
4. FEDERAL TAX IDENTIFICATION NUMBER (EIN): _____
5. REGISTRANT IS OPERATING AS: ___ INDIVIDUAL ___ PARTNERSHIP ___ CORPORATION
 ___ ASSOCIATION ___ OTHER (DESCRIBE: _____)
6. PLEASE LIST THE NAME (S), TITLE (S), AND PHONE NUMBER OF RESPONSIBLE PARTY FOR REMITTING THE COUNTY HOTEL TAX.
NAME: _____ TITLE _____ PHONE # _____
NAME: _____ TITLE _____ PHONE # _____
7. TYPE OF BUSINESS: ___ HOTEL/ MOTEL ___ BED & BREAKFAST ___ OTHER
8. DO YOU PROVIDE MEALS: ___ YES ___ NO
IF SO, WHICH MEALS?: _____
9. DOES THE OCCUPANCY OF ROOM INCLUDE MEAL? ___ YES ___ NO
IF SO, WHICH MEAL?: _____
10. NUMBER OF LODGING ROOMS: _____

I CERTIFY THAT THE ABOVE INFORMATION HAS BEEN EXAMINED BY, AND IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT AND IN COMPLIANCE WITH THE CUMBERLAND COUNTY HOTEL TAX RENTAL LAW. IF ANY CHANGES ARE MADE TO THE ABOVE INFORMATION, IT IS THE RESPONSIBILITY OF THE REGISTRANT TO NOTIFY THE COUNTY OF THESE CHANGES IN WRITING. I UNDERSTAND THAT FALSE STATEMENTS MADE HEREIN ARE SUBJECT TO THE PENALTIES OF 18 PA C.S. 4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

PRINT NAME: _____ TITLE: _____ PHONE: # _____
SIGNATURE: _____ DATE: _____