

PA Department of Agriculture, Bureau of Dog Law Enforcement

**DOG LICENSE APPLICATION**

Year of license \_\_\_\_\_

License # \_\_\_\_\_

DATE	DOG'S NAME	DOG'S AGE	BREED		
COLOR OF DOG:	SPOTTED <input type="checkbox"/>	WHITE <input type="checkbox"/>	BLACK <input type="checkbox"/>	BROWN <input type="checkbox"/>	OTHER-INDICATE <input type="checkbox"/>
If the license is issued by an agent rather than the COUNTY TREASURER, an additional 50¢ will be charged. ALL PRICES INCLUDE SERVICE FEES ALLOWED BY LAW.					
REGULAR FEE			PERSON WITH DISABILITY OR SENIOR CITIZEN FEE		
MALE <b>\$10.80</b> <input type="checkbox"/>	FEMALE <b>\$10.80</b> <input type="checkbox"/>	MALE <b>\$8.80</b> <input type="checkbox"/>	FEMALE <b>\$8.80</b> <input type="checkbox"/>		
PLEASE NOTE: IF YOU ARE APPLYING FOR A LICENSE THAT REQUIRES THE DOG OWNER BE A SENIOR CITIZEN, AGE 65 OR OLDER, OR A PERSON WITH DISABILITY, YOU MUST PROVIDE PROOF OF AGE OR DISABILITY TO THE COUNTY TREASURER OR AGENT.					
OWNER'S NAME		TELEPHONE NO.	OWNER'S DATE OF BIRTH		
			MO.	DAY	YR.
STREET			TOWNSHIP/BOROUGH		
CITY			STATE	ZIP CODE	
			<b>PA</b>		
E-MAIL ADDRESS					

I HEREBY VERIFY THAT I AM THE OWNER OF THE DOG THAT IS THE SUBJECT OF THIS DOG LICENSE APPLICATION. I MAKE THIS STATEMENT SUBJECT TO THE CRIMINAL PENALTIES OF 18 Pa § SECTION 4904 (RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES).

---

SIGNATURE OF DOG OWNER/APPLICANT REQUIRED

---

IF APPLICANT IS A MINOR, SIGNATURE OF PARENT OR GUARDIAN IS REQUIRED

**MAKE CHECKS PAYABLE TO COUNTY TREASURER**

**MAIL TO COUNTY TREASURER'S OFFICE**

PA Department of Agriculture, Bureau of Dog Law Enforcement

**LIFETIME DOG LICENSE APPLICATION**

Year of license \_\_\_\_\_

**A Permanent Identification Verification Form must be completed before the license will be issued.**

DOG OWNER'S NAME	OWNER'S BIRTHDATE			PHONE NUMBER
	MO.	DAY	YR.	
E-MAIL ADDRESS				
STREET ADDRESS			TOWNSHIP/BOROUGH	
CITY			STATE <b>PA</b>	ZIP CODE

DATE	BREED	DOG'S AGE	DOG'S NAME		
COLOR / MARKINGS	SPOTTED <input type="checkbox"/>	WHITE <input type="checkbox"/>	BLACK <input type="checkbox"/>	BROWN <input type="checkbox"/>	OTHER-INDICATE <input type="checkbox"/>
<b>REGULAR LIFETIME LICENSE</b>  MALE <b>\$52.80</b> <input type="checkbox"/> ALL PRICES INCLUDE SERVICE FEES ALLOWED BY LAW			<b>PERSON WITH DISABILITY OR SENIOR CITIZEN FEE</b>  MALE <b>\$36.80</b> <input type="checkbox"/> ALL PRICES INCLUDE SERVICE FEES ALLOWED BY LAW		
PLEASE NOTE: If you are applying for a lifetime license that requires the dog owner be a senior citizen (age 65 or older) or a person with disability, you must provide proof of age or disability to the <b>County Treasurer</b> .					

I HEREBY VERIFY THAT I AM THE OWNER OF THE DOG THAT IS THE SUBJECT OF THIS DOG LICENSE APPLICATION. I MAKE THIS STATEMENT SUBJECT TO THE CRIMINAL PENALTIES OF 18 Pa § SECTION 4904 (RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES).

---

**SIGNATURE OF DOG OWNER/APPLICANT REQUIRED**

---

**IF APPLICANT IS A MINOR, SIGNATURE OF PARENT OR GUARDIAN IS REQUIRED**

**MAKE CHECKS PAYABLE TO COUNTY TREASURER  
MAIL TO COUNTY TREASURER'S OFFICE**



BUREAU OF DOG LAW ENFORCEMENT  
PENNSYLVANIA DEPARTMENT OF AGRICULTURE  
**PERMANENT IDENTIFICATION  
VERIFICATION FORM**

MICROCHIP # _____		or		TATTOO # _____	
<small>MUST BE COMPLETED BY PERSON IMPLANTING OR SCANNING MICROCHIP</small>				<small>MUST BE COMPLETED BY COUNTY TREASURER PRIOR TO TATTOOING</small>	
DOG'S NAME _____			MALE		FEMALE
DOG'S BREED _____			DOG'S AGE _____		DOG'S SEX <input type="checkbox"/> <input type="checkbox"/>
SPOTTED <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> BROWN <input type="checkbox"/> OTHER-INDICATE <input type="checkbox"/>					
DOG'S COLOR/MARKINGS _____					
OWNER'S NAME _____			STREET _____		
CITY _____		STATE	ZIP _____	TELEPHONE NO. _____	
		PA			
TOWNSHIP _____			COUNTY _____		
NAME OF PERSON <small>circle one</small> MICROCHIP-IMPLANTING or SCANNING or TATTOOING _____			VETERINARIAN PRACTICE # (TATTOO or MICROCHIP) <b>BV</b>		
STREET _____			PA KENNEL LICENSE # (MICROCHIP) _____		
COUNTY _____	CITY _____	STATE	ZIP _____	TELEPHONE NO. _____	
I MAKE THIS STATEMENT SUBJECT TO THE CRIMINAL PENALTIES OF 18 Pa. C.S. § SECTION 4904 (RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES).					
SIGNATURE OF PERSON IMPLANTING/SCANNING MICROCHIP/TATTOOING _____			DATE _____		
SIGNATURE OF DOG OWNER _____			DATE _____		

Tonya S. Geist  
Treasurer of Jefferson County  
155 Main Street, Room 101  
Brookville, Pa 15825  
Phone: 814-849-1678

**JEFFERSON COUNTY HOTEL TAX REGISTRATION**

Owner of Establishment: \_\_\_\_\_

Trade Name: \_\_\_\_\_

Business Address ( P.O. Boxes are not acceptable)

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

(All records pertaining to Jefferson County Hotel Tax must be kept at business location)

Billing Address (if different from above)

\_\_\_\_\_

Federal EIN \_\_\_\_\_

Individuals responsible for remitting Jeff Co Hotel Tax:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Type of Business: Hotel \_\_\_ Motel \_\_\_ B&B \_\_\_ Cabins \_\_\_ Other \_\_\_ (specify)

Total number of rooms available: \_\_\_\_\_

Price Range:

Single: Per Day \$ \_\_\_\_\_ Double: Per Day \$ \_\_\_\_\_

Per Week \$ \_\_\_\_\_ Per Week \$ \_\_\_\_\_

Per Month \$ \_\_\_\_\_ Per Month \$ \_\_\_\_\_

I certify that I am familiar with the Jefferson County Hotel Tax Rules and Regulations.

The undersigned Applicant hereby swears and affirms that the information above is true and correct. The undersigned understands that false statements herein made are subject to the penalties of 18 Pa. C.S.A 4904, relating to unsworn falsification to authorities.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Hotel Tax ID Number \_\_\_\_\_

*By order of the Board of Commissioners*

## JEFFERSON COUNTY HOTEL TAX EXEMPTIONS

To all registered "Hotel Tax" Collectors of Jefferson County;

It has been a matter of great confusion concerning the collection of, and even more so, the exemptions for the Hotel Tax in Jefferson County. We hope the enclosed information will help to alleviate that problem. If after reading this you have any questions concerning the tax or its collection, please call my office for an explanation.

We will be starting to enforce these rules as of January 1, 2008. The collection process will be the same as before for you and your employees. County reports will still have to be filed by the 25<sup>th</sup> of the month after the reporting month. The main difference will be in processing the exemptions.

The **ONLY EXEMPTIONS** that will be accepted are the ones listed in this document. The "*County of Jefferson Hotel Room Tax Exemption Application*" will be the only form Jefferson County will accept for granting the Hotel Tax exemption. A separate exemption form must be filled out and retained by the Hotel to prove each individual exemption for every stay. If a guest stays for more than one night, one form will be accepted for the entire length of stay. If more than one exempted person is listed on an invoice, then each person who is exempted must fill out a separate Jefferson County exemption form. Exempt groups of four or more may have the "**Person in Charge**" fill out the front of the form and then list ALL additional exempt persons on the back. These forms must be kept by the hotel and made available to the auditors upon request. The exemption forms must be attached to the invoices from the State or Federal Agency that was exempted from paying the Hotel Tax. After an audit, they may be destroyed unless, they are needed by the Hotel for another purpose.

Forms from another County, State, Commonwealth or Country **WILL NOT**, be accepted for auditing purposes.

Forms from the Federal Government or one of its agencies **WILL NOT**, be accepted for auditing purposes.

For County Hotel Tax Exemptions, State Sales Tax forms from Pennsylvania or any other State or Commonwealth **WILL NOT**, be accepted for auditing purposes.

If, during the course of an audit, the County Auditors find that the Jefferson County Exemption Application has not been used, or if an exemption is granted for any reason other than the approved exemptions, or if the Treasurer's Office was not contacted about any questions, your business **WILL BE CHARGED** for the uncollected Hotel Tax.

As there are no exemptions granted to the employees of Jefferson County when they travel on County Business, there will be **NO EXEMPTIONS** granted for any other County employees from Pennsylvania, or any other State, Commonwealth, or Nation. There will be **NO EXEMPTIONS** granted for any other Township, Borough or Municipal employees from Pennsylvania or any other State, Commonwealth or Nation.

Please make sure you inform all employees of the changes listed in this letter. The Jefferson County Treasurer's Office is open Monday through Friday, 8:30 AM to 4:30 PM, to answer any questions that may arise.

We hope this letter has clarified many of the problems encountered in the past with the Hotel Tax exemption issue. If you have any questions, comments or suggestions regarding any aspect of the Hotel Tax, please let us know. We are learning also.

Enclosed is a copy of the exemption list. This could be posted at your check-in desk for a quick, convenient reference. This list may be copied, if needed, or contact this office for additional copies.

Since its inception in 2004, the Hotel Tax has been used to help promote Jefferson County, draw in tourist dollars and thus help to improve the economic climate of the area. Jefferson County appreciates the cooperation of all involved with the collection of this tax thus far, and looks forward to the future.

Thank You,

James "Moon" VanSteenberg  
Jefferson County Treasurer

*Change  
to  
Tanya S. Geist  
Jefferson County  
Treasurer*