

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 _____