

APPLICATION FOR BUCKS COUNTY LODGING ROOM RENTAL TAX.

1. Applicant is operating as (choose one)

_____ A Partnership

_____ An Association

_____ A Corporation

_____ Other: _____ **1a.** Federal EIN: _____

2. Name of Owner (Individual, Partnership, Corporation, Association, Etc.) _____

3. Legal Name of the business:

4. Location of principal place of business: (Post Office Box is not acceptable.) _____

5. Mailing Address, if different than #4:

6. First Date of your Operations: _____

7. List the name(s), title(s), and telephone number of the individual(s) responsible for remitting the County Room Rental Tax:

Name: _____ Title: _____ Telephone: _____

Name: _____ Title: _____ Telephone: _____

8. Type of Business:

_____ Hotel

_____ Motel

_____ Bed and Breakfast

_____ Inn

_____ Guest House

_____ Other: _____

9. Describe business activities:

10. Address at which records involving County of Bucks transactions will be retained:

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11. Was this business acquired from another: ____ Yes ____ No If yes, complete the following:

a. Date acquired: _____ b. Did you acquire: ____ All of the business ____ Part of the business

Former Owner: _____ Former EIN: _____

Former Legal Name, if applicable: _____

12. Number of Lodging Rooms: _____

I hereby certify that the information provided on this application form has been examined by and is, to the best of my knowledge, true and correct.

Name (Please Print): _____

Title: _____

Signature: _____

FOR OFFICE USE ONLY

Type of tax filing this establishment will be doing:

____ Quarterly - Lodging facilities with less than one hundred (100) lodging rooms

____ Monthly - Lodging facilities with one hundred (100) lodging rooms or more

Date the first return is due to be received: _____