APPLICATION FOR COUNTY OF NORTHAMPTON HOTEL ROOM RENTAL TAX

1. Applicant is operating as (check appropriate space):

☐ An Individual ☐ A partnership ☐ An association ☐ A corporation ☐ Other

1a. Federal EIN:

2. Name of Owner:

3. Legal name of business if other than line 2:

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

5. Mailing Address if different than #4 :

6. List the name(s), title(s) and contact information of individuals responsible for remittingng the County Hotel Room Rental Tax:

Name Title Phone# Email

Name Title Phone# Email

7. Type of Business: ◯ Hotel ◯ Motel ◯ Bed & Breakfast ◯ Inn ◯ Guest House ◯ Other

8. Describe Business Activities:

8a. Do You Provide Meals: ◯ Yes ◯ No

9. Address at which records involving County of Northampton transactions will be retained:

10. Was business on line 2 or line 4 acquired from another? ☐ Yes ☐ No
If yes, complete the following

a) Date acquired:

b) Former Federal EIN:

c) Name of Former Owner:

d) Former Legal Name (If other than c):

11. Number of Hotel Rooms:

12. Date first return will be filed:

13. I 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: Title:

Signature: _____ Date: Phone #:

**Upon completion of this application, you are hereby authorized by the County of Northampton Revenue Manager to collect the Hotel Room Rental Tax of Northampton County.

Mail completed application to Revenue Division, Northampton County Courthouse, 669 Washington Street, Easton, PA 18042

Questions? 610-829-6187