



BUCKS COUNTY LODGING ROOM RENTAL TAX
APPLICATION for REGISTRATION
Kristian Ballerini, Bucks County Treasurer
55 East Court Street
Doylestown, PA 18901
215-348-6248

1. Applicant is operating as a/an (choose one)

Partnership

Association

Corporation

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

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

3. Legal Name of the business:

DBA _____

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

4a. Business Phone _____

5. Mailing Address, if different than #4:

6. First Date of Operation: _____

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

Name: _____ Title: _____ Telephone: _____

Name: _____ Title: _____ Telephone: _____

Email: _____ Fax #: _____

8. Type of Business:

Independent Hotel Full Service Hotel Bed and Breakfast

Country Inn Guest Cottage/House Agent

Extended Stay Limited Service Hotel Other: _____

9. Describe business activities: _____

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

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: _____
Date: _____

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: _____