

Office of The
TREASURER OF MONROE COUNTY
One Quaker Plaza
Room 103
Stroudsburg, PA 18360
Phone 570-517-3184 Fax 570-517-3859

Claudette Segear, Treasurer-Lorrie DeHaven, Deputy

REGISTRATION APPLICATION

MONROE COUNTY HOTEL ROOM RENTAL EXCISE TAX

1. Legal Name of Establishment: _____
2. Legal Name of Owner of Establishment: _____
3. Location of Principal Place of Business (P. O. Box Not Acceptable):
_____ Telephone _____
4. Mailing Address (If different than #3) (All records involving Monroe County Transactions must be kept at the Business Location)
_____ Telephone _____
5. Federal Employer Identification Number (EIN): _____
6. Applicant is Operating as: _____ Individual _____ Partnership _____ Association
_____ Corporation _____ Other (describe) _____
7. Please List the Name(s), Title(s), and Telephone Number(s) of Individual(s) Responsible for remitting the Monroe County Hotel Room Rental Excise Tax.
8. Type of Business _____ Hotel _____ Motel _____ Bed & Breakfast
_____ Guest House _____ Other(describe) _____
9. Number of Lodging Rooms: _____

I certify that the information provided on this Registration Form has been examined by me, and is to the best of my knowledge and belief, true, correct and complete.

Name _____ Title _____

Signature _____ Date _____ Telephone _____

EXHIBIT A