

REGISTRATION FORM  
LEBANON COUNTY HOTEL TAX  
LEBANON COUNTY TREASURER'S OFFICE  
400 S. 8th STREET, ROOM 103  
LEBANON, PA 17042  
(717)228-4420

LEGAL NAME OF OWNER OF ESTABLISHMENT: \_\_\_\_\_

TRADE NAME: \_\_\_\_\_

LOCATION OF PRINCIPAL PLACE OF BUSINESS OPERATION: (NO P.O. BOXES)  
TELEPHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

BUSINESS ADDRESS : ( IF DIFFERENT THAN #2) ALL RECORDS INVOLVING THE COLLECTION OF LEBANON  
COUNTY HOTEL TAX MUST BE KEPT AT THE BUSINESS LOCATION

TELEPHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

FEDERAL TAX IDENTIFICATION NUMBER (EIN): \_\_\_\_\_

REGISTRANT IS OPERATING AS        INDIVIDUAL        PARTNERSHIP        CORPORATION  
       ASSOCIATION        OTHER (DESCRIBE) \_\_\_\_\_

NAME(S), TITLE(S), AND PHONE NUMBER(S) OF RESPONSIBLE PARTY FOR REMITTING THE  
COUNTY HOTEL TAX:

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ PHONE \_\_\_\_\_  
NAME \_\_\_\_\_ TITLE \_\_\_\_\_ PHONE \_\_\_\_\_

TYPE OF BUSINESS:

HOTEL/MOTEL \_\_\_\_\_ BED & BREAKFAST \_\_\_\_\_ OTHER \_\_\_\_\_

DO YOU PROVIDE MEALS? \_\_\_\_\_ IF SO WHICH MEALS? \_\_\_\_\_  
YES \_\_\_\_\_ NO \_\_\_\_\_

DOES THE OCCUPANCY OF ROOM INCLUDE MEAL?

YES \_\_\_\_\_ NO \_\_\_\_\_

NUMBER OF LODGING ROOMS: \_\_\_\_\_

I CERTIFY THAT THE ABOVE INFORMATION HAS BEEN EXAMINED BY, AND IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT AND  
IN COMPLIANCE WITH THE LEBANON COUNTY HOTEL TAX RENTAL LAW. IF ANY CHANGES ARE MADE TO THE ABOVE INFORMATION, IT IS  
THE RESPONSIBILITY OF THE REGISTRANT TO NOTIFY THE COUNTY OF THESE CHANGES IN WRITING. I UNDERSTAND THAT FALSE  
STATEMENTS MADE HEREIN ARE SUBJECT TO THE PENALTIES OF 18 PA C.S. 4904 RELATING TO UNSWORN FALSIFICATION TO  
AUTHORTIES.

PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_