

**APPLICATION FOR COUNTY OF LEHIGH
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), phone number(s) of individuals responsible for remitting the County Hotel Room Rental Tax:
Name _____ Title _____ Phone# _____
Name _____ Title _____ Phone# _____
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 Lehigh 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 Lehigh Fiscal Officer to collect the Hotel Room Rental Tax of Lehigh County.