



# CLARION COUNTY TREASURER'S OFFICE

KARYN MONTANA

TREASURER

330 MAIN STREET – ROOM 110– CLARION, PA 16214

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## CLARION COUNTY HOTEL ROOM TAX REGISTRATION

Owner of Establishment: \_\_\_\_\_

Trade Name: \_\_\_\_\_

Business Address (PO Boxes are not acceptable)

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ E-Mail \_\_\_\_\_

(All records pertaining to Clarion County Hotel Tax must be kept at business location)

Mailing Address (if different than above)

\_\_\_\_\_

Federal EIN # \_\_\_\_\_

Individuals responsible for remitting Clarion County Hotel Tax:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Type of Business: Hotel \_\_\_ Motel \_\_\_ B&B \_\_\_ Cabins \_\_\_ Home Sharing \_\_\_ Other \_\_\_

Number of rooms available \_\_\_\_\_

Price Range:

Single: Per Day \_\_\_\_\_

Double: Per Day \_\_\_\_\_

Per Week \_\_\_\_\_

Per Week \_\_\_\_\_

Per Month \_\_\_\_\_

Per Month \_\_\_\_\_

I certify that I am familiar with the Clarion County Hotel Tax Rules and Regulations.

The undersigned Applicant hereby swears and affirms that the information above is true and correct. The undersigned understands that false statements herein made are subject to the penalties of 18Pa. C.S.A. 4904, relating to unsworn falsification to authorities.

Name:(Please Print) \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_