



# CLARION COUNTY TREASURER'S

## OFFICE

TOM MCCONNELL  
TREASURER

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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: \_\_\_\_\_