



AMANDA C. HILES
ARMSTRONG COUNTY TREASURER

450 E MARKET STREET, SUITE 100
KITTINGING, PA 16201

REGISTRATION APPLICATION

Armstrong County Hotel Room Rental Tax

- LEGAL NAME OF OWNER OF ESTABLISHMENT: _____
TRADE NAME _____
- LOCATION OF PRINCIPAL PLACE OF BUSINESS (PO BOXES ARE NOT ACCEPTABLE):

TELEPHONE # _____
- BILLING ADDRESS (IF DIFFERENT THAN #2. ALL RECORDS INVOLVING COUNTY OF
ARMSTRONG TRANSACTIONS MUST BE KEPT AT THE BUSINESS LOCATION.

TELEPHONE # _____
- FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN). _____
- APPLICANT IS OPERATING AS: _____ INDIVIDUAL _____ PARTNERSHIP
_____ ASSOCIATION _____ CORPORATION _____ OTHER
- PLEASE LIST THE NAME (S) AND TELEPHONE NUMBER OF INDIVIDUAL (S) RESPONSIBLE FOR
REMITTING THE ARMSTRONG COUNTY HOTEL ROOM RENTAL TAX.

NAME _____ TITLE _____ PHONE # _____
NAME _____ TITLE _____ PHONE # _____
- TYPE OF BUSINESS: _____ HOTEL _____ MOTEL _____ BED & BREAKFAST _____ OTHER.
- NUMBER OF LODGING ROOMS: _____
- PRICE RANGE: SINGLE ROOMS: _____ DOUBLE ROOMS:
PER DAY _____ PER DAY _____
PER WEEK _____ PER WEEK _____
PER MONTH _____ PER MONTH _____

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 _____

Upon completion of this registration and issuance of the certificate of authorization, you will be authorized by the Armstrong County Treasurer to collect the Hotel Room Rental Tax.