

OFFICE OF THE
TREASURER OF CRAWFORD COUNTY

903 DIAMOND PARK
MEADVILLE, PENNSYLVANIA 16335
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CHRISTINE L. KRZYSIAK, TREASURER

REGISTRATION APPLICATION
CRAWFORD COUNTY HOTEL ROOM RENTAL TAX

1. LEGAL NAME OF OWNER OF ESTABLISHMENT: _____

TRADE NAME _____

2. LOCATION OF PRINCIPAL PLACE OF BUSINESS (P.O. BOXES ARE NOT ACCEPTABLE): _____

_____ TELEPHONE# _____

3. BILLING ADDRESS (IF DIFFERENT THAN #2) ALL RECORDS INVOLVING COUNTY OF CRAWFORD
TRANSACTIONS MUST BE KEPT AT THE BUSINESS LOCATION. _____

_____ TELEPHONE# _____

4. FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) _____

5. APPLICANT IS OPERATING AS: SOLE PROPRIETOR PARTNERSHIP ASSOCIATION
 CORPORATION LLC OTHER: PLEASE DESCRIBE _____

6. PLEASE LIST THE NAME(S) TITLE(S) AND TELEPHONE NUMBER OF INDIVIDUAL(S) RESPONSIBLE FOR
REMITTING THE CRAWFORD COUNTY HOTEL EXCISE TAX.

NAME _____ TITLE _____ PHONE# _____

NAME _____ TITLE _____ PHONE# _____

7. TYPE OF BUSINESS: HOTEL MOTEL BED & BREAKFAST
 GUEST HOUSE AIRBNB OTHER: PLEASE DESCRIBE _____

8. NUMBER OF LODGING ROOMS: _____

9. PRICE RANGE: SINGLE ROOMS: DOUBLE ROOMS:

PER DAY _____

PER DAY _____

PER WEEK _____

PER WEEK _____

PER MONTH _____

PER MONTH _____

10. ESTABLISHMENT OPERATES: YEAR ROUND SEASONALLY (FROM _____ UNTIL _____)

11. ESTABLISHMENT EMAIL OR CONTACT PERSON'S EMAIL ADDRESS _____

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 _____ PHONE# _____

FACILITY COUNTY ROOM RENTAL TAX # _____
EXHIBIT A