



# HOTEL ROOM RENTAL TAX APPLICATION

Dauphin County Treasurer  
101 Market Street, Room 105, Harrisburg, PA 17101  
717-780-6550 - HotelTax@DauphinCounty.gov

Type of Establishment Hotel/Motel <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Third-Party Rental (Airbnb, VRBO, etc.) <input type="checkbox"/> _____ OTHER <input type="checkbox"/> (please describe) _____ please list		
Legal Name of Owner/Company		
Doing Business As/Trade Name (if different than legal name)		Number of Rooms
Physical Location of Establishment		Physical Location Phone Number
		Municipality
Mailing Address (if different than physical location)		Company Phone Number
Applicant is operating as Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Association <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Other <input type="checkbox"/> (please describe) _____		
Contact information for individual(s) responsible for reporting and remitting the county room rental tax		
Name	Title	E-mail
Name	Title	E-mail
Annual revenues for the preceding calendar year Less than 250,000 <input type="checkbox"/> Equal to or greater than 250,000 <input type="checkbox"/>		
I certify that the information provided on this application is true and correct to the best of my knowledge and in compliance with the Dauphin County Hotel Tax Ordinance. If any changes are made to the above information, it is the responsibility of the applicant to notify the County of the changes in writing. I understand that false statements made herein are subject to the penalties of 18 PA C.S. 4904 relating to unsworn falsification to authorities.		
Signature _____		Date _____
Printed Name _____		Title _____

**Please mail or email your completed application to the Dauphin County Treasurer's Office**