

**REGISTRATION FOR THE  
LANCASTER COUNTY HOTEL ROOM RENTAL TAX  
AND EXCISE TAX FOR SHORT TERM STAYS**

**AMBER MARTIN, LANCASTER COUNTY TREASURER**  
150 North Queen Street, Suite #122  
P.O. Box 1447, Lancaster, PA 17608-1447  
(717) 299-8222

1. **LEGAL NAME OF OWNER:** \_\_\_\_\_
2. **TRADE/FACILITY NAME:** \_\_\_\_\_
3. **FACILITY LOCATION (PO BOX, NOT ACCEPTABLE): MUNICIPALITY:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **TELEPHONE** \_\_\_\_\_

4. **BILLING ADDRESS (IF DIFFERENT THAN #2). ALL RECORDS INVOLVING COUNTY OF LANCASTER TRANSACTIONS MUST BE KEPT AT THE BUSINESS LOCATION.**

5. **FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) or (SS#):** \_\_\_\_\_

6. **APPLICANT IS OPERATING AS:** \_\_\_\_\_ INDIVIDUAL \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ ASSOCIATION  
\_\_\_\_\_ CORPORATION \_\_\_\_\_ OTHER (DESCRIBE): \_\_\_\_\_

7. **PLEASE LIST THE NAME(S), TITLE(S), AND TELEPHONE NUMBER OF INDIVIDUAL(S) RESPONSIBLE FOR REMITTING THE COUNTY ROOM RENTAL TAX:**

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ PHONE # \_\_\_\_\_

8. **TYPE OF BUSINESS:** \_\_\_\_\_ HOTEL \_\_\_\_\_ MOTEL \_\_\_\_\_ INN \_\_\_\_\_ BED & BREAKFAST \_\_\_\_\_ GUEST HOUSE

**BOOKING AGENT:** \_\_\_\_\_ AIRBNB \_\_\_\_\_ VRBO/HOMEAWAY OR OTHER: \_\_\_\_\_

9. **DATE OPENED:** \_\_\_\_\_

**NOTE: The Lancaster County Hotel Room Rental Tax of 3.9% does not apply to an establishment that is a Bed and Breakfast Homestead or Inn” as Defined in the Act of May 23, 1945, referred to as the Public Eating and Drinking Place Law. Under that law, the words “Bed & Breakfast Homestead or Inn” shall mean a private residence which contains ten or fewer bedrooms used for providing overnight accommodations to the public and in which breakfast is the only meal served and is included in the charge for the room.**

10. **DO YOU RESIDE IN THE GUEST HOME PROVIDING OVERNIGHT ACCOMMODATIONS?** \_\_\_\_\_ YES \_\_\_\_\_ NO

11. **DO YOU PROVIDE BREAKFAST?** \_\_\_\_\_ YES \_\_\_\_\_ NO

12. **DOES THE CHARGE FOR OCCUPANCY OF ROOM INCLUDE BREAKFAST?** \_\_\_\_\_ YES \_\_\_\_\_ NO

13. **NUMBER OF LODGING ROOMS:** \_\_\_\_\_

13. **PRICE RANGE:** PER DAY \_\_\_\_\_ PER WEEK \_\_\_\_\_ 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** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**UPON COMPLETION OF THIS REGISTRATION AND ISSUANCE OF THE CERTIFICATE OF AUTHORIZATION,  
YOU WILL BE AUTHORIZED BY THE LANCASTER COUNTY TREASURER TO COLLECT AND REMIT  
THE OCCUPANCY TAX, aka HOTEL ROOM AND HOTEL EXCISE TAX.**