



OFFICE OF THE TREASURER

County of Allegheny

JOHN K. WEINSTEIN, TREASURER

APPLICATION FOR REGISTRATION TO COLLECT HOTEL ROOM RENTAL TAX

Date _____

Name or Trade Name _____

Business Address _____ Phone _____

Billing Address _____

Indicate whether owned by:

Corporation () Partnership () Individual ()

If a Corporation, give names and addresses of President, Vice President, Secretary and Treasurer.

If a Partnership, give names and addresses of Partners.

If an Individual, give name and home address.

<u>TITLE</u>	<u>NAME</u>	<u>HOME ADDRESS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

STATE TYPE OF BUSINESS: hotel, motel, rooming house, etc. _____

Date your business started at this location _____

Total number of rooms available for transient guests _____

Price Range:

	Single Rooms				Double Rooms					
Per Day	\$	_____	To	\$	_____	\$	_____	To	\$	_____
Per Week	\$	_____	To	\$	_____	\$	_____	To	\$	_____
Per Month	\$	_____	To	\$	_____	\$	_____	To	\$	_____

Does the charge for occupancy of room include meals? _____

The books and records of the taxpayer are in the care of _____

Located at _____

Person or persons who will prepare return _____

Signed _____

By _____

(President-Partner-Owner)

PLEASE COMPLETE AND RETURN TO:

JOHN WEINSTEIN
COUNTY TREASURER
ROOM 217 COURT HOUSE
436 GRANT STREET
PITTSBURGH, PA 15219-2497