COUNTY OF BERKS, PENNSYLVANIA

Office of the Treasurer

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HOTEL TAX APPLICATION

TODAY'S DATE		TYPE OF ESTABLISHMENT	☐ HOTEL	☐ MOTEL	☐ INN/B&B	☐ OTHER

HOTEL NAME		# OF ROOMS	
STREET ADDRESS			
CITY, STATE, ZIP			

CORPORATE NAME		EIN:	
STREET ADDRESS			
CITY, STATE, ZIP			

MAILING ADDRESS	
CITY, STATE, ZIP	

1ST CONTACT				
	NAME		TITLE	
	E-MAIL		PHONE #	x
	ALT E-MAIL		ALT PHONE #	x

ALT CONTACT				
	NAME		TITLE	
	E-MAIL		PHONE #	x
	ALT E-MAIL		ALT PHONE #	x

I intend to submit my reports and payments by: MAIL ☐ E-MAIL/ACH ☐

I certify that the information provided on this application is true and correct to the best of my knowledge.			
PRINT NAME		TITLE	
SIGNATURE		DATE	

***Upon review and approval of this application, your hotel will receive a certificate authorizing you to collect the Berks County Hotel Tax at the rate of 5%. The certificate will be sent to the mailing address listed above. If you opted to submit your reports/payments electronically via e-mail/ACH, you will be provided with our account information to establish a profile with your financial institution.**

Print Form **Send Form** **Clear Form**