

**James "Moon" VanSteenberg**  
**Treasurer of Jefferson County**  
155 Main St, Room 212  
Brookville PA 15825  
Phone: 814-849-1678 Fax: 814-849-4084  
E-Mail: [treasurer@jeffersoncountypa.com](mailto:treasurer@jeffersoncountypa.com)

**JEFFERSON COUNTY HOTEL ROOM TAX REGISTRATION**

Owner of Establishment: \_\_\_\_\_

Trade Name: \_\_\_\_\_

Business Address (P.O. boxes are not acceptable)

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ E-Mail \_\_\_\_\_

(All records pertaining to Jefferson County Hotel Tax must be kept at business location)

Billing Address (if different from above)

\_\_\_\_\_

Federal EIN \_\_\_\_\_

Individuals responsible for remitting Jeff Co Hotel Tax:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Type of Business: Hotel \_\_\_ Motel \_\_\_ B&B \_\_\_ Cabins \_\_\_ Other(Specify) \_\_\_

Total number of rooms available: \_\_\_\_\_

Price Range:

Single: Per Day	\$ _____	Double: Per Day	\$ _____
Per Week	\$ _____	Per Week	\$ _____
Per Month	\$ _____	Per Month	\$ _____

I certify that I am familiar with the Jefferson County Hotel Tax Rules and Regulations.

The undersigned Applicant hereby swears and affirms that the information above is true and correct. The undersigned understands that false statements herein made are subject to the penalties of 18 Pa. C.S.A. §4904, relating to unsworn falsification to authorities.

Name(Please Print) \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Hotel Tax ID Number \_\_\_\_\_