

Office of The
TREASURER OF MONROE COUNTY
One Quaker Plaza, Room 103
Stroudsburg, PA 18360
Phone 570-517-3180 Fax 570-517-3859
Email: Treasurernotify@monroecountypa.gov

REGISTRATION APPLICATION

MONROE COUNTY HOTEL ROOM RENTAL EXCISE TAX

- 1. Legal Name of Property Owner on Deed: _____
- 2. Name to be listed on Hotel Tax Certificate: _____
- 3. Physical Address of the Property being rented..... (P.O. Box Not Acceptable):

_____ Telephone: _____
Street City State Zip
****Township** _____

- 4. ***Mailing Address (If different than #3) (All records involving Monroe County Transactions must be kept at the Business Location):
- _____ Telephone: _____
Street City State Zip

5. Applicant is operating as: _____ Individual _____ Partnership _____ Association
 _____ Corporation _____ Other (describe) _____

- 6. Please List the Name(s), Title(s), and Telephone Number(s) of Individual(s) Responsible for remitting the Monroe County Hotel Room Rental Excise Tax.

Name: _____ Title: _____ Telephone: _____

Name: _____ Title: _____ Telephone: _____

- 7. ***EMAIL***: _____

8. Type of Business: _____ Hotel/Motel _____ Bed & Breakfast _____ Guest House
 _____ Short Term Rental _____ Other (Describe) _____

9. Number of Lodging Rooms: _____

10. Check applicable box(s): Airbnb VrBo/HomeAway Other _____

I certify that the information provided on this Registration Form has been examined by me, the owner/member, and is to the best of my knowledge and belief, true, correct and complete.

Name _____ Title _____

Signature _____ Date _____ Telephone _____