



COUNTY OF CENTRE

**OFFICE OF THE TREASURER**

Willowbank Office Building  
420 Holmes Street  
Bellefonte, Pennsylvania 16823-1488

**COLLEEN KENNEDY**

TREASURER

cbkennedy@centrecountypa.gov

**(814) 355-6810**

**FAX # (814) 355-6973**

**Centre County Hotel Room Tax  
Property Registration Form**

1. Property Owner's Name(s) \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_

2. Name and address (if different) of lodging facility:  
Facility Name \_\_\_\_\_  
Facility Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_

3. Name, title, and telephone number of individual responsible for remitting  
the Centre County Hotel Room Tax:  
Name \_\_\_\_\_  
Title \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email \_\_\_\_\_

4. Type of lodging facility: Hotel \_\_\_\_ Motel \_\_\_\_ Bed & Breakfast \_\_\_\_  
Inn \_\_\_\_ Lodge \_\_\_\_ Other \_\_\_\_

5. PA State Sales Tax Number: \_\_\_\_\_

6. Number of rooms available per night: \_\_\_\_\_

7. Monthly filer: \_\_\_\_\_ Quarterly filer: \_\_\_\_\_

Please indicate in the margin above, which address above should be used as the mailing address  
for correspondence and hotel tax return forms.

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