

**FAYETTE COUNTY HOTEL TAX
EXEMPTION CERTIFICATE**

NAME OF FACILITY: _____ **LICENSE NO.** _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____ **TELEPHONE:** _____

Monthly Reporting Period: From _____ **To** _____

THE UNDERSIGNED HOTEL OPERATOR, HAVING EXAMINED THE DOCUMENTATION TENDERED BY THE ROOM OCCUPANT, HEREBY CERTIFIES THAT THE TRANSACTION REPORTED ON THIS CERTIFICATE IS EXEMPT FROM THE FAYETTE COUNTY HOTEL ROOM RENTAL TAX FOR THE REASON SET FORTH BELOW.

REASON FOR EXEMPTION (CHECK ONE)

Permanent Resident – Person who has occupied a hotel room or rooms for a period exceeding thirty (30) consecutive days without interruption of occupancy.

Ambassador, Minister or Consular Officer of a Foreign Government.

United States Government, Agency, Employee or Representative on official government business.

Pennsylvania State Government, Agency, Employee or Representative on official government business.

GUEST NAME: _____ **GUEST SIGNATURE:** _____

ADDRESS: _____

CITY, STATE, ZIP: _____

ROOM(S) OCCUPIED: _____ **CONSIDERATION PAID:** _____

BEGINNING DATE OF OCCUPANCY: _____ **ENDING DATE OF OCCUPANCY:** _____

DOCUMENTATION FOR EXEMPTION: _____

I hereby certify that the information on this Exemption Certificate has been examined by me and that the information contained herein is true, correct and complete to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities, which provides that if I knowingly make false statements I may be subject to criminal penalties.

Signature of person completing form

Title

Date

THE HOTEL OPERATOR SHOULD OBTAIN ALL GUEST INFORMATION AND THE GUEST'S SIGNATURE AT THE BEGINNING OF AN EXEMPT OCCUPANCY, BUT SHALL NOT SUBMIT THIS FORM TO THE COUNTY TREASURER UNTIL THE EXEMPT OCCUPANCY ENDS.

THIS FORM MAY BE DUPLICATED AS NEEDED.