

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

REGISTRATION APPLICATION

MONROE COUNTY HOTEL ROOM RENTAL EXCISE TAX

1. Name of Owner of Establishment: _____
2. Legal Name of Owner of Establishment: _____
3. Physical Address of the Property being rented..... (P.O. Box Not Acceptable):

_____ Telephone: _____
Street City 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 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 _____