



**ALLEGHENY COUNTY
OFFICE OF THE TREASURER—SPECIAL TAX DIVISION
TAX REGISTRATION APPLICATION**

SECTION 1—TAX REGISTRATION

<p>Check the applicable selection.</p> <p><input type="checkbox"/> New Registration</p> <p><input type="checkbox"/> Renewal Registration</p> <p><input type="checkbox"/> Reactivation of Account</p>	<p>Select the applicable Tax. If renewing or reactivating an account, list the account number in the space provided.</p> <p><input type="checkbox"/> Alcoholic Beverage Tax _____</p> <p><input type="checkbox"/> Hotel Room Rental Tax _____</p> <p><input type="checkbox"/> Rental Vehicle Tax _____</p>
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SECTION 2—BUSINESS INFORMATION

Date of First Operation	Federal Employer Identification Number (EIN)	PA Sales Tax License Number	
Business Legal Name		Business Trade Name (Doing Business As)	
Business Street Address (Establishment Location)	City	State	Zip Code
Establishment Phone Number	List account numbers if operating multiple establishments in Allegheny County.		
Management Company Name (if applicable)			

SECTION 3—BILLING INFORMATION

Please provide the following information for the person responsible for tax preparation.

Title	Name	Phone
		Email
Billing Address (All billing materials and correspondence will be sent to this address unless otherwise specified)		

SECTION 4—BUSINESS CONTACTS

Please provide the following information for all responsible parties (Members, General Managers, Corporate Officers, etc.). All phone numbers and email addresses must be unique to the individual.

Title	Name	Phone
		Email
Title	Name	Phone
		Email
Title	Name	Phone
		Email

SECTION 5—TAX SPECIFIC INFORMATION

Alcoholic Beverage Tax

LIC Number

LID Number

Person(s) or entity named on license. Every person listed must be included in Section (4) of this application.

Rental Vehicle Tax

Total number of non-commercial vehicles available for rent in Allegheny County

Person(s) or entity named on the vehicle title(s)

Hotel Room Rental Tax

Select the business type which best describes your business.

Hotel Motel Short-Term Rental Corp. Housing Bed & Breakfast

If you selected "Short-Term Rental" please provide the name(s) of applicable Booking Agents (Ex: Air B&B)

Total number of rooms available for guest sleeping quarters

Are meals included in the cost of occupancy? (Y/N)

Fill in the appropriate price range for all applicable rental types. Use historical high/low rates over last three years.

Duration	Single Room		Suite (Two Room)		House	
Day	From \$	To \$	From \$	To \$	From \$	To \$
Week	From \$	To \$	From \$	To \$	From \$	To \$
Month	From \$	To \$	From \$	To \$	From \$	To \$

SECTION 6—AUTHORIZATION

To be completed and signed by an authorized representative of the Vendor, Hotel, or Vehicle Rental Company. If applying for an Alcohol Tax account, an individual listed on the Pennsylvania Liquor License must authorize and sign this form.

I, the undersigned, declare under penalties of perjury that the statements contained herein are true, correct, and complete.

Authorized Signature

Print Name and Title

Date

You can obtain your applicable Allegheny County Tax Rules and Regulations at: www.alleghenycounty.us/treasurers-office/index.aspx

If you have any questions, call 877-893-7465 or email us at: webmaster.treasurer@alleghenycounty.us

Please complete form and either email to: webmaster.treasurer@alleghenycounty.us or mail to:

John K Weinstein, Allegheny County Treasurer
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