WESTMORELAND COUNTY HOTEL ROOM RENTAL TAX EXEMPTION CERTIFICATE

Name of Hotel Operator:	License Number:
Trade Name (if different):	
Location of Hotel (Street Address):	
Business Address (if different):	
OCCUPANT, HEREBY CERTIFIES THAT THE TR	NG EXAMINED THE DOCUMENTATION TENDERED BY THE ROOM ANSACTION REPORTED ON THIS CERTIFICATE IS EXEMPT FROM THE TAL TAX FOR THE REASON SET FORTH BELOW.
REASON FOR EXEMPTION (Check One)	
Permanent Resident – Person who has consecutive days without interruption of	occupied a hotel room or rooms for a periods exceeding thirty (30) of occupancy.
Ambassador, Minister or Consular Offic	er of a Foreign Government
United States Government, Agency, Er	nployee or Representative on official Government business
Pennsylvania State Government, Agend	cy, Employee or Representative on official government business
Guest Signature:	
Guest Printed Name:	
Address:	
Room(s) Occupied:	Consideration Paid:
Documentation for Exemption:	
of my knowledge, information and belief true,	Exemption Certificate has been examined by me, and is to the best correct and complete. I understand that false statements herein are § 4904 relating to unsworn falsification to authorities, which provides ay be subject to criminal penalties.
Signature:	Title: Date:
Print Name:	Phone: Fax:
THE HOTEL OPERATOR SHOULD OPTAIN A	II CHEST INFORMATION AND THE CHEST'S SIGNATURE AT THE

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. A COPY OF THIS FORM SHALL BE ATTACHED TO THE MONTHLY TAX RETURN REPORTING TRANSACTIONS FOR THE MONTH WHEN THIS EXEMPT OCCUPANCY ENDS, AND BOTH FORMS FILED WITH THE WESTMORELAND COUNTY TREASURER, TWO NORTH MAIN STREET, SUITE 110, GREENSBURG PA 15601 BY THE DEADLINE FOR SUBMITTING THE TAX RETURN.