

Beaver County Treasurer



SANDIE EGLEY
TREASURER

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SOLICITOR

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Pam Hupp
Second Deputy

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BEAVER COUNTY HOTEL ROOM RENTAL TAX EXEMPTION CERTIFICATE

Name of Establishment			
Street	City	State	Zip Code
Either #1, #2, #3 #4 must be checked.			
<input type="checkbox"/> 1. Permanent Resident: Person has a rental period of thirty (30) consecutive days of uninterrupted occupancy			
<input type="checkbox"/> 2. Government employee while on official business.			
<input type="checkbox"/> 3. Non-profit Social Organizations: Such as American Red Cross, Rescue Mission or Salvation Army providing short term overnight housing for individuals or families in distress.			
<input type="checkbox"/> 4. Other _____			
I am authorized to execute this Certificate and claim this exception.			

Name of Occupant/Renter	Street	City	State	Zip Code
Signature of Occupant/Renter		Signer's Title	Date	
I have examined the documentation tendered by the occupant/renter claiming to be exempt from this tax and have found such documentation supportive of exemption claimed.				
Signature of Established Employee	Signer's Title		Date	

The Establishment shall maintain records to support and identify all exempt occupancies. This form can be duplicated.

VOID UNLESS COMPLETE INFORMATION IS SUPPLIED