

**COUNTY OF HUNTINGDON
HOTEL EXCISE TAX
EXEMPTION CERTIFICATE**

Name of Establishment: _____

Street City State Zip Code

Occupant or Renter using this certificate **ARE EXEMPT** from the Hotel Excise Tax because:

- () 1. Permanent Resident: Person has a rental period of 30 consecutive, completed days of uninterrupted occupancy. Date occupancy began: _____
- () 2. Ambassadors, Ministers and Consular Officers of Foreign Government: submitted written proof that the Official is accredited to the United States. Occupant / Renter is a/an _____ Exemption # _____
- () 3. Commonwealth and Federal Employees: Exhibited a copy of TDY orders (Temporary Duty). *Attach copy*
- () 4. Military personnel and Government Employees: Exhibited a copy of TDY orders. *Attach copy*
- () 5. Other _____
(Explain in detail)

I am authorized to execute this Certificate and claim this exemption. 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.

Name of Occupant / Renter: _____

Street City State Zip Code

Price Charged: \$ _____

Vendor's Signature Signer's Title Date

The Establishment shall maintain records to support and identify all exempt occupancies. Submit this form on a quarterly basis. This form can be duplicated.

VOID UNLESS COMPLETE INFORMATION IS SUPPLIED

ORIGINAL - County Copy

DUPLICATE - Hotel Copy