

EXEMPTION CERTIFICATE
BUTLER COUNTY
HOTEL ROOM RENTAL TAX

Room # _____

Name of Establishment: _____			
Address: _____			
Street	City	State	Zip Code
Please check appropriate exemption box:			
<input type="checkbox"/> Permanent Resident: Person has a rental period of (30) thirty consecutive days of uninterrupted occupancy.			
<input type="checkbox"/> Other reason for exemption: _____			
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 the documentation supportive of exemption claimed.			
PRINTED Name of Occupant/Renter: _____			
Name of patron and company the patron is employed by _____			
Address: _____			
Street	City	State	Zip Code
Signature: Employer: Date: _____			
Exemption Granted by: _____			
(Hotel employee name)			

The Establishment shall maintain records to support and identify all exempt occupancies.

IF APPLICABLE, THIS FORM MUST BE COMPLETED AND SENT TO THE COUNTY TREASURER WITH THE MONTHLY REPORT

VOID UNLESS COMPLETE INFORMATION IS SUPPLIED

This form can be duplicated or downloaded from the Butler County Treasurer's web page at <https://www.butlercountypa.gov/379/Hotel-Tax-Information>

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