

**EXEMPTION CERTIFICATE**  
**BUTLER COUNTY**  
**HOTEL ROOM RENTAL TAX**

Room #

Name of Establishment:			
Address:			
Street Please check appropriate exemption box:	City	State	Zip Code
<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>