

BARRY GLASSMAN
HARFORD COUNTY EXECUTIVE

BILLY BONIFACE
DIRECTOR OF ADMINISTRATION



ROBERT F. SANDLASS, JR.
TREASURER

REGISTRATION FOR HOTEL OCCUPANCY TAX

RENTAL OF HOTEL OR MOTEL ROOMS IS SUBJECT TO A 6% HOTEL OCCUPANCY TAX.
(Does not include a Cottage, Hostelry, Rooming House, Guest House, Bed & Breakfast, or Tourist Home with 3 or fewer separate sleeping rooms for the lodging of occupants)

Name of Property Owner, as filed with the Maryland State Department of Assessments and Taxation:

Primary Contact Person: _____

Mailing Address: _____

Phone Number: Headquarters _____ Local _____

Email Address: _____

Business (Trade) Name: _____

Property Address: _____

Type of Ownership: Individual Partnership Corp LLC Other

Number of Units: _____

Type of Rental: Inn Motel Cottage Hotel Hostelry Rooming House
Guest House Bed & Breakfast Tourist Home Other

Name/Address of Collection Agent: _____
(If Other Than Owner) _____

Months Available for Rent: Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec
Is this property located within a municipality? City of _____
Signature: _____
Title: _____
Real Estate Tax Account Number _____
Date: _____

Please mail Registration Form to: Revenue Collections Office
220 South Main Street 1st Floor
Bel Air, MD 21014
Phone: (410)638-3314 / Fax: (410)879-4883
Website: www.harfordcountymd.gov/hoteltax