

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

Name of Establishment				
Street	City	State	Zip Code	
<input type="checkbox"/> 1. Permanent Resident: Person has a rental period of thirty (30) consecutive, complete days of uninterrupted occupancy.				
<input type="checkbox"/> 2. Other (Explain in Detail): <hr/> <hr/>				
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
Signature		Signer's Title		Date

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

This form can be duplicated.

**VOID UNLESS COMPLETE INFORMATION IS SUPPLIED**