City of Wisconsin Dells

Application for:

ROOM TAX PERMIT

Permit Fee: **$275** Receipt No. _____

PERMIT No._____ Date of Issue: _____

Business Name: _____

Address: _____
_____

Telephone Number:_____

Name of Owner/Operator: _____

Address: _____
_____

Telephone Number: _____

Date of Purchase of Business: _____

Number of Rooms: _____

_____
Applicant's Signature

REMIT TO:
CITY OF WISCONSIN DELLS
ATTN: CITY TREASURER
300 LACROSSE STREET
WISCONSIN DELLS, WI 53965

Rev. 04/10