City of Wisconsin Dells

Application for:

ROOM TAX PERMIT

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

PERMIT No._____ Date of Issue: _____

Legal Business Name: _____

Doing Business As: _____

Physical Address: _____

Telephone Number: _____

Name of Owner/Operator: _____

Address: _____

_____

Email: _____

Telephone Number: _____

Date of Purchase of Business: _____

Number of Rooms: _____

Premier Resort Tax Number: _____

Attach Verification Certificate from State of Wisconsin Dept. of Revenue

_____

Applicant's Signature

Rev. 08/19