

Town of Woodruff
Room Tax Permit Application

Business Name & Address

Phone # _____

Name & Location of Rental

Phone # _____

Corporation _____

Sole Proprietorship _____

Partnership _____

Wisconsin Sellers Permit # _____

Year Round **Yes** **No**

Seasonal **Yes** **No**

Open **1st Qtr** **2nd Qtr** **3rd Qtr** **4th Qtr**

_____ **My business is subject to the Woodruff room tax. A check for \$2.00 is enclosed for the room tax permit.**

_____ **My business is not subject to Woodruff room tax. Please explain.**

I hereby certify that the answers to the above statements are correct to the best of my knowledge and belief.

Owner/Agent Signature _____

Title _____

Date _____

Please answer all questions completely and return application to:

Town of Woodruff
Melanie Litter, Treasurer
P.O. Box 560
Woodruff, WI 54568