



2020 Room Tax Permit Application

Contact Information

Full Name of Business
Owner(s):

Last

First

M.I.

Last

First

M.I.

Business Name: _____

Physical Address: _____

Street Address

City

State

Zip Code

Mailing Address: _____

Street Address

City

State

Zip Code

Phone _____ Email _____

Property Management Company: _____ Phone: _____

Resident Agent Name: _____ Phone: _____

This is the designated resident agent that shall be available at all times while this permit is in effect.

Compliance

Oneida County Rooming House License Number: _____

Oneida County Health Inspection Date: _____

Fire Inspection Date: _____

WI Department of Revenue Sales Tax Number (Sellers Permit): _____

Property and Liability Insurance effective dates: _____

Your insurance carrier must be contacted to ensure the Short Term Rental coverage is included and your policy must be kept in force while this permit is in effect.

Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____