Town of Woodruff
Oneida County, Wisconsin

Room Tax Permit Application

WOODRUFF PARCEL# _____

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: _____