

Name of Establishment: _____
 Address of Establishment: _____
 Telephone Number: _____
 Mailing Address: _____

 E-mail Address: _____

Legal Organization: Sole Proprietorship _____ WI Seller's Permit Number: _____
 Partnership _____ Federal Identification Number: _____
 Corporation _____ Date of Opening: _____

*** If this facility is a Tourist Rooming House, please provide a copy of your License from WI DATCP.**

Local Manager/Agent Name: _____
 Mailing Address: _____
 Telephone Number: _____ Email: _____

Number of Rooms in each category		Average Room Rates	
1. One Single Bed:		\$	single occupancy
2. Two Single Beds:		\$	double occupancy
3. One Double, Queen or King Bed:		\$	double occupancy
4. Two Double, Queen or King Beds:		\$	double occupancy
5. Other (Describe):		\$	

I certify that the information included above is true and correct to the best of my knowledge and belief and that the above- described business is subject to the City of Dodgeville Hotel/Motel Room Tax per City of Dodgeville Municipal Code 3.13 - Room Tax.

 Print or Type Name of Authorized Agent

 Title of Authorized Agent

 Signature of Authorized Agent

 Date Completed

Mail To: City of Dodgeville
 100 E. Fountain Street
 Dodgeville, WI 53533
 608-930-5228