



APPLICATION FOR ROOM TAX PERMIT

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: \_\_\_\_\_

Table with 2 columns: Number of Rooms in each category, Average Room Rates. Rows include categories like One Single Bed, Two Single Beds, One Double, Queen or King Bed, etc.

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