



## Application for Room Tax Permit

**FEE: \$10.00**

Establishment Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Establishment Phone Number: \_\_\_\_\_

Certificate of Liability Insurance Attached: Yes \_\_\_\_\_ No \_\_\_\_\_

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To the local governing body of the **Village of Lake Hallie**, County of **Chippewa**, Wisconsin

The undersigned hereby make application for a license *to engage in* the retail of rooms or lodging business. The applicant agrees to comply with and be bound by all the laws, ordinances, rules, regulations, and penalties governing the business for which this license is applied for.

Upon receipt of your payment and final approval of the application you will receive a receipt showing the payment of the sum of \$10.00 to the Clerk/Treasurer for renewal of this license.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

### *Office Use Only*

License Application Completed: Yes \_\_\_\_\_ No \_\_\_\_\_

Payment Received: Yes \_\_\_\_\_ No \_\_\_\_\_

*Revised: 04/30/2021*