

# Application for Room Tax Permit

Space for department use

Village of Lake Delton  
PO Box 87  
Lake Delton, WI 53940-0087  
(608) 254-2558

Business Information				
Corporation Name		FEIN		SSN (Required for sole proprietors)
Mailing address			Contact person	
City	State	Zip		County
Premise Name (d/b/a)		Premise Location		

Business Owners, Partners, Members or Corporate Officers – All applicants
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List all. If more space is needed, please attach additional pages.

Name		Title		SSN or, if owner is a business, enter FEIN	
Home address				Home telephone (    )	
City	State	Zip		County	

If a partner, check one  Limited  General

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**I declare under penalties of law that I have examined this information and to the best of my knowledge and belief, it is true, correct, and complete.**

Name of person who prepared this application <i>(please print)</i>		Title		Date	
Signature		Business telephone number (    )		Email	