

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

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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Home address			Home telephone ()
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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 (please print)	Title	Date
Signature	Business telephone number ()	Email