

**Town of Washington, Vilas County, Wisconsin  
Application for Accommodations Tax Permit**

**Please Print Clearly or Type**

Owner/Operator: \_\_\_\_\_ Date: \_\_\_\_\_

Address of  
Owner/Operator: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Business Location: \_\_\_\_\_  
(If different than mailing address)

Wisconsin Seller's Permit Number: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Number of Units for rent: \_\_\_\_\_

**Use this space for any additional comments**

I hereby certify that the information provided above is true and correct.

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

Title: \_\_\_\_\_

Complete and return this application along with a copy of your **WI sellers tax permit and your  
Vilas County Health Permit** to:

Katie Hayes, Treasurer  
Town of Washington  
2145 Pinewood Drive  
Eagle River, WI 54521  
Phone: 715-477-2745

**For Town Use Only**

Date Issued: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Signed: \_\_\_\_\_, Treasurer, Town of Washington