

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

Please Print Clearly or Type

Owner of Property: _____ Date: _____

Address of
Owner: _____

Email address of owner: _____

Business Name: _____

Business Mailing Address: _____

Business Location: _____
(If different than mailing address)

Marketplace Manager: _____

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