

*DCTZ Permit Number:

DOOR COUNTY TOURISM ZONE COMMISSION

PO Box 55, Sister Bay, WI 54234

Fax: 920-854-9019

E-mail: assistant@doorcountytourismzone.com Website: www.doorcountytourismzone.com

CHANGE OF INFORMATION FORM

PERMIT CHANGES: Lodging providers have 14 days from a qualifying event to update information on your permit. A "QUALIFYING EVENT" would be a change in rental agent or contact person, addition or reduction in the number of units available, change in the months the business is open, or the sale of the business. Please use a CHANGE OF INFORMATION FORM or the PERMIT APPLICATION FORM and select "Change of Information". If adding units to your permit on the same property, please complete the form and remit prior to advertising the new units. Call or email the office if you have any questions. When you cease rentals and wish to deactivate your permit, please contact the office directly for assistance. * = MANDATORY Field

(10 digits – xx-xx-xxxx-xx)	
*Property Name & Street Address:	
Current Permit Information	Note Changes Below
*Owner Name, phone #, email, & Mailing Address	
Property Management (if self-managed, simply indicate Owner)	
Contact Person	
Contact Phone	
Contact Email	
*Months Available for rent (must match your online presence/ vacancy calendar – for example - year round or May-Oct.	
*Number of Units Permitted	
Additional Information:	

Signature Date