



# DOOR COUNTY TOURISM ZONE COMMISSION

PO Box 55, Sister Bay, WI. 54234  
 Email: [assistant@doorcountytourismzone.com](mailto:assistant@doorcountytourismzone.com)  
 Website: [www.DoorCountyTourismZone.com](http://www.DoorCountyTourismZone.com)

Any changes to the information below must be reported within 14 days

<b>Check Applicable Box</b>	
<b>New Application</b>	<input type="checkbox"/>

Owner Information			Lodging/Rental Physical Location	
Name and Business Entity Ownership (both required if applicable):			Property Name (if applicable)	
Mailing Address			Address or Fire Number (No P.O. numbers)	
City	State	ZIP	City	ZIP
Phone			Municipality	

Type of Lodging		
E-mail address:		
WI State Sales Tax ID or FEIN:		
<b>REQUIRED:</b> Driver's License Number:		
<b>Individual Responsible for Paying Tax * (e.g., rental agent, CPA, lawyer)</b>		
Owner <input type="checkbox"/> If "Other," fill in below:		
Name		
Mailing Address		
Address 2		
City	State	Zip
Phone Number	Cell phone: _____	
E-mail address:	Fax number:	
* If the individual responsible for collecting and remitting the Room Tax changes, such as a change in ownership or a change in the		

**Please list your online presence for advertising:**  
 ID: \_\_\_\_\_ via: \_\_\_\_\_  
 Property website: \_\_\_\_\_

Operating Period & Number of Units Available											
Indicate the units offered for rent during each month of the year (e.g., if some non-winterized units are closed in winter but some are kept open) If you are advertising that the property is available certain months, the operating period must match.										<input type="checkbox"/> Open year-round	
Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec

Certificate			
I, the undersigned, hereby apply for a Door County Tourism Zone Lodging Permit and certify that all the information herein is true and correct to the best of my knowledge. For and in consideration of the grant of a Lodging Permit hereunder, the Applicant/Permit Holder for itself and for its agents acknowledge that they are bound by and agree to abide by, adhere to and comply with the provisions of Sec. 66.0615, Wis. Stats., and the local room tax ordinances as the same may be amended from time to time.			
Signature _____	Date _____	Daytime Phone Number _____	Emergency Contact:
Print Name _____	E-mail Address _____		

Approvals	
Date Received	Date Issued
Approved By	Permit Number