



# Door County Tourism Zone Permit Application

PO Box 55, Sister Bay, WI 54234

Email:

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<b>Owner Information</b>			<b>Lodging/Rental Physical Location</b>								
Name and Business Entity Ownership (both required if applicable)			Property Name (if applicable)								
Mailing Address			Address or Fire Number								
City	State	Zip	City, Zip								
Phone			Municipality								
Email Address:			<b>Type of Lodging</b>								
WI State Sales Tax ID or FEIN:			<input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Resort <input type="checkbox"/> Inn <input type="checkbox"/> Condo <input type="checkbox"/> B & B <input type="checkbox"/> Other  <input type="checkbox"/> Cottage/Cabin/House								
REQUIRED: Date of Birth: Driver's License Number:											
DATCP License Number:											
<b>Individual Responsible for Paying Tax (e.g., rental agent, CPA, lawyer)</b>											
Owner	If "Other," fill in below:		Number of Units:								
Name			Maximum Occupancy:								
Mailing Address			NOTE: One house on one property counts as one unit.								
Mailing Address 2			<b>Please list your online presence for advertising</b>								
City	State	Zip	Site	ID							
Phone Number	Cellphone		Site	ID							
Email Address:			Site	ID							
<b>Operating Period &amp; Number of Units Available</b>											
Indicate the units offered for rent during each month of the year. If you are advertising that the property is available certain months, the operating period must match.					Open Year-Round						
Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<b>Certificate</b>											
I, the undersigned property owner, hereby apply for a Door County Tourism Zone Lodging Permit and certify that all 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., the local room tax ordinances, which may be amended from time to time, and agree to repayment of legal fees incurred by the Tourism Zone for noncompliance and investigative purposes.											
Signature	Date	Daytime Phone Number			Emergency Contact:						
Print Name		Email Address									
<b>Approvals</b>											
Date Received			Date Issued								
Approved By			Permit Number								

