



Door County Tourism Zone Permit Application

PO Box 55, Sister Bay, WI 54234

Email:

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Website: www.doorcountytourismzone.com

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								
City	State	Zip	City, Zip								
Phone			Municipality								
Email Address:			Type of Lodging								
WI State Sales Tax ID or FEIN:			<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Resort							
REQUIRED: Date of Birth: Driver's License Number:			<input type="checkbox"/> Inn	<input type="checkbox"/> Condo							
DATCP License Number:			<input type="checkbox"/> B & B	<input type="checkbox"/> Other							
Individual Responsible for Paying Tax (e.g., rental agent, CPA, lawyer)			<input type="checkbox"/> Cottage/Cabin/House								
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			Please list your online presence for advertising								
City	State	Zip	Site	ID							
Phone Number	Cellphone		Site	ID							
Email Address:			Site	ID							
Operating Period & Number of Units Available											
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
Certificate											
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									
Approvals											
Date Received						Date Issued					
Approved By						Permit Number					

