

City of Neillsville
Application for Hotel/Motel Room Tax Permit
City Ordinance Section 55-11 F.

Year: _____
New: _____
Reissued: _____

Name of Establishment: _____ Telephone Number: _____
Address of Establishment: _____ Fax Number: _____
Mailing Address: _____ E-mail Address: _____

Legal Organization: Sole Proprietorship _____ Wisconsin Seller's Permit Number: _____
Partnership _____ Federal Identification Number: _____
Corporation _____

Owner's Name: _____ Telephone Number: _____
Mailing Address: _____

Number of Rooms or Units Available for Rent: _____

Application Permit Fee - \$10.00 Please make check payable to the City of Neillsville

I certify that the information included above is true and correct to the best of my knowledge and belief and that the above- described business is subject to the City of Neillsville Hotel/Motel Room Tax per City of Neillsville Ordinance Section 55-11 Room Tax.

Print or Type Name of Authorized Agent

Title of Authorized Agent

Signature of Authorized Agent

Date Completed

Mail To: City of Neillsville
 106 W. Division Street
 Neillsville, WI 54456
 715-743-2105

For Office Use: Date Received _____
Amount Received _____
Receipt Number _____