

# Application for Room Tax Permit

Space for department use

## Village of Lake Delton

PO Box 87  
Lake Delton, WI 53940-0087  
(608) 254-2558

Business Information			
Corporation Name		FEIN	SSN (Required for sole proprietors)
Mailing address		Contact person	
City	State	Zip	County
Premise Name (d/b/a)		Premise Location	

### Business Owners, Partners, Members or Corporate Officers – All applicants

List all. If more space is needed, please attach additional pages.

Name	Title		SSN or, if owner is a business, enter FEIN
Home address			Home telephone (      )
City	State	Zip	County

If a partner, check one   Limited  General

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Home address			Home telephone (      )
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If a partner, check one   Limited  General

**I declare under penalties of law that I have examined this information and to the best of my knowledge and belief, it is true, correct, and complete.**

Name of person who prepared this application (please print)	Title		Date
Signature	Business telephone number (      )	Email	