

"The Island City"



TOWN OF MINOCQUA

415 Menominee Street, Suite A
Minocqua, Wisconsin 54548
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APPLICATION FOR ROOM TAX PERMIT

Date: _____

Permit Fee: **N/A (Fee currently waived.)**

Business Name: _____

Applicant Name: _____

Physical Address of Rental Unit(s): _____

Unit Number (if any): _____

Number of Units Available for Rent: _____

Current Rate Schedule: _____

(Please attach printed rate schedule if available)

Unit(s) Are Available for Rent (check one): Year-Round Seasonally*

*If seasonal, indicate period of year that unit(s) available for rent: _____

Signature of Owner or Agent: _____

Send Quarterly Report Forms To: _____

Email: _____ Phone: _____

*Be sure to apply for your Wisconsin State Tax/Seller's Permit number if you do not have one already.
And don't forget to send in your 5½% State & County Sales Tax to the Wisconsin Dept. of Revenue!*

FOR OFFICE USE ONLY

Tax Parcel I.D.: _____

County Permit Number: _____

Section _____ Town _____ Range _____

Date Permit Issued: _____

Zoning Dist.: _____

Oneida County Zoning Approval _____