



DOOR COUNTY TOURISM ZONE LODGING PERMIT APPLICATION

2013

LODGING PERMIT APPLICATION

The lodging permit application must be submitted as soon as possible after receipt.

Top half of form is self-explanatory. Please fill out form completely to avoid delays in issuing a permit for your property. The driver's license field is a required field to be completed.

Operating Period & Number of Units Available: for example, some lodging properties close some units during the winter; some are completely closed during the winter. Enter the number of available units for each month. If advertising your property, be sure that the months you are advertising that your property is available matches what months you indicate your property is operating on the lodging permit application.

Certificate: Complete all fields

Approvals: For TCZ internal use

If you own/manage multiple properties in the same or multiple municipalities, you will need to submit a separate Lodging Permit Application for each property in each municipality in which you own/manage a lodging unit(s). Please duplicate the form provided as needed. If you are a firm that manages vacation rental properties you are responsible for notifying each of your property owners of the requirement to charge the room tax. You are also required to provide the Commission with a list of your properties under management for our records.

Upon receipt of an acceptable Lodging Permit Application, a Lodging Permit will be issued. There is NO fee for the Lodging Permit.



DOOR COUNTY TOURISM ZONE COMMISSION

PO Box 55, Sister Bay, WI. 54234
 Phone: 920-854-6200 / Fax: 920-854-9019
 Email: dctourismzonecommission@gmail.com
 Website: www.DoorCountyTourismZone.com

Check Applicable Box	
New Application	<input type="checkbox"/>
Change Information on File	<input type="checkbox"/>

LODGING PERMIT APPLICATION

PLEASE USE BLACK INK

2013

Owner Information				Lodging/Rental Physical Location							
Name				Property Name (if applicable)							
Mailing Address				Address or Fire Number (No P.O. numbers)							
City	State	ZIP		Town or Village			ZIP				
Phone				Municipality							
E-mail address:				<h3 style="text-align: center;">Type of Lodging</h3> <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Resort <input type="checkbox"/> Inn <input type="checkbox"/> Condominium Property <input type="checkbox"/> B & B <input type="checkbox"/> Cottage / Cabin / House Number of units: _____ NOTE: One house on one property counts as 1 Unit (not # of bedrooms unless rented to different paying guests, as in a B&B). If there are 2 houses (rented separately) on one property, it counts as 2 Units, etc.							
WI State Sales Tax ID or FEIN:											
REQUIRED: Driver's License Number:											
Individual Responsible for Paying Tax * (e.g., rental agent, CPA, lawyer)											
Owner <input type="checkbox"/> If "Other," fill in below:											
Name											
Mailing Address											
Address 2											
City	State	Zip									
Phone Number	Cell phone:										
E-mail address:		Fax number:									
* If the individual responsible for collecting and remitting the Room Tax changes, such as a change in ownership or a change in the owner's agent, a new Permit # is required to ensure your data's confidentiality.											
Operating Period & Number of Units Available											
Indicate the units offered for rent during each month of the year (e.g., if some non-winterized units are closed in winter but some are kept open) If you are advertising that the property is available certain months, the operating period must match.										<input type="checkbox"/> Open year round	
Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Certificate											
I, the undersigned, hereby apply for a Door County Tourism Zone Lodging Permit and certify that all the information herein is true and correct to the best of my knowledge.											
Signature				Date				Daytime Phone Number			
Print Name						E-mail Address					
Approvals											
Date Received						Date Issued					
Approved By						Permit Number					