HOTEL/MOTEL ROOM TAX

Please answer all questions completely.

Name of Business: _____ Street Address: _____

City/State/Zip: _____

Send Quarterly Report Form to: (If different from above):

Street Address: _____ City/State/Zip: _____

Legal Organization (Check one):

◯ Sole Proprietorship Name: _____ Street Address: _____

City/State/Zip: _____

◯ Partnership Name: _____ Street Address: _____

City/State/Zip: _____

Name: _____ Street Address: _____

City/State/Zip: _____

Address of Responsible Party

◯ Corporation Name: _____ Street Address: _____

City/State/Zip: _____

Number of rooms or units available for rent: _____ Wisconsin Sellers Permit No. _____

Percent of non-transient occupancy: _____

Check One:

◯ Business is subject to the Marshfield Hotel/Motel Room Tax and $10.00 enclosed for permit.

◯ Business is not subject to the Marshfield Hotel/Motel Tax because: _____

_____
Signature of owner or authorized agent

DO NOT WRITE IN THIS SPACE

Date Rec'd _____

Permit No. _____

Date Permit Issued _____

_____ Date _____ Title

Return the form to:
City Clerk
City Hall
P.O. 727
Marshfield, WI 54449

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