



DOOR COUNTY TOURISM ZONE COMMISSION

PO Box 55, Sister Bay, WI. 54234
 Phone: 920-854-6200 / Fax: 920-854-9019
 Email: info@doorcountytourismzone.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

2014

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:				Type of Lodging							
WI State Sales Tax ID or FEIN:											
REQUIRED: Driver's License Number:				<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: _____							
Individual Responsible for Paying Tax * (e.g., rental agent, CPA, lawyer)				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. Please list your online presence for advertising: ID: _____ via: _____ Property website: _____							
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					