



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

Any changes to the information below must be reported within 14 days

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

Owner Information				Lodging/Rental Physical Location							
Name and Business Entity Ownership (both required if applicable):				Property Name (if applicable)							
Mailing Address				Address or Fire Number (No P.O. numbers)							
City	State	ZIP		City	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		* If the individual responsible for collecting and remitting the Room Tax changes, such as a change in ownership or a change in the							
Phone Number	Cell phone:										
E-mail address:		Fax number:									
<h3 style="text-align: center;">Operating Period & Number of Units Available</h3> 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
<h3 style="text-align: center;">Certificate</h3>											
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. For and in consideration of the grant of a Lodging Permit hereunder, the Applicant/Permit Holder for itself and for its agents acknowledge that they are bound by and agree to abide by, adhere to and comply with the provisions of Sec. 66.0615, Wis. Stats., and the local room tax ordinances as the same may be amended from time to time.											
Signature _____				Date _____				Daytime Phone Number _____			
Print Name _____				E-mail Address _____				Emergency Contact:			
<h3 style="text-align: center;">Approvals</h3>											
Date Received						Date Issued					
Approved By						Permit Number					