

**CITY OF PLYMOUTH, WISCONSIN
APPLICATION FOR ROOM TAX PERMIT
FEE - \$1.00**

Date: _____

To the Mayor and Common Council of the City of Plymouth, Wisconsin:

The undersigned hereby applies for a Room Tax Permit as required by Chapter 3-5-3 (b) of the Municipal Code of the City of Plymouth, passed by the Common Council of the City of Plymouth, Wisconsin, on the 25th day of June, 1991.

Name of Establishment: _____

Address: _____

Phone Number: _____

Email Address or Web Address: _____

Name, address, and phone number for the owner or manager who has full charge of the premises for which a permit is applied:

Owner/Manager: _____

Address: _____

Phone Number: _____

Email Address: _____

SIGNATURE OF APPLICANT/OWNER: _____

Alternate responsible agency (advertising/online business agency):

Agency Name: _____

Agency web address: _____

Agency Contact Name: _____

Agency Contact Email: _____

Agency Contact Signature: _____