



DOOR COUNTY TOURISM ZONE COMMISSION

PO BOX 55
 Sister Bay, WI. 54234
 Phone: (920) 854-6200
 Email:
DCTourismZoneCommission@gmail.com
www.DoorCountyTourismZone.com

Check Applicable Box	
New Application	<input type="checkbox"/>
Change of Information Permit#	<input type="checkbox"/>

LODGING PERMIT APPLICATION

PLEASE PRINT WITH BLACK INK

Business Information				Business Physical Location							
Business Name				Address or Fire Number (No P.O. numbers)							
Mailing Address				Municipality	State	Zip					
Address 2				Phone Number							
City	State	Zip		Type of Lodging							
Owner or Owner's Agent Individual responsible for collecting and remitting the room tax. (see below)				<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: _____							
Name											
Mailing Address (if the same as business leave blank)											
Address 2											
City	State	Zip									
Phone Number		Cell phone:									
E-mail address:		Fax number:									
Operating Period & Number of units available											
Indicate the total number of units available for rent during each month of the year.										<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 Lodging Permit, certify that all the information both above and attached 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					

In cases where 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, the issuance of a new permit is required.