

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:

Corporation Name: Street Address:

City/State/Zip:

Address of Responsible Party

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
207 W 6th St
Marshfield, WI 54449