

TOWN OF LAND O' LAKES
APPLICATION FOR ACCOMMODATION TAX PERMIT

Please type or print the application and return with permit fee to:

TOWN OF LAND O' LAKES TREASURER
ACCOMMODATION TAX PERMIT
PO BOX 660
LAND O' LAKES WI 54540

Name, mailing address, phone number and e-mail address of the applicant for which this Permit is being requested:

(____) _____

Physical address of the lodging facility. Attach an additional sheet if necessary.

Please circle if you are a Sole Proprietorship, Partnership, Corporation , LLC, or other
WI seller permit number _____ If other list: _____

Is the business open year around? Yes _____ No _____

Seasonal business is open during which quarters?

1st quarter(Jan, Feb, Mar) _____

2nd quarter(Apr, May, June) _____

3rd quarter (July, Aug, Sept) _____

4th quarter(Oct, Nov, Dec) _____

Permit fee: \$20.00, payable to Town of Land O' Lakes

I hereby certify that the answers to the above questions are correct to the best of my knowledge and belief.

Signature of Owner or Authorized Agent: _____

Print name and title: _____

Date: _____