

**APPLICATION FOR ANNUAL ROOM TAX PERMIT
TOWN OF LYONS**

_____DATE

_____OWNER OPERATOR

_____SALES TAX NUMBER

_____BUSINESS NAME

_____ADDRESS OF

_____BUSINESS

_____TELEPHONE

ANNUAL PERMIT FEE: \$10.00

PLEASE REMIT FEE WITH APPLICATION TO:

**TREASURER, TOWN OF LYONS
PO BOX 148
LYONS, WI 53148**

_____Date of Issue

Rhea CSmith, Treasurer

RMTXPER