

CITY OF WISCONSIN DELLS

PERMIT APPLICATION FOR:

DATE ISSUED: _____

PERMIT NO: _____

ROOM TAX

Date Submitted: _____

Fee **\$300**

Receipt No. _____

Legal Business Name: _____ DBA: _____

Physical Address: _____, Wisconsin Dells WI 53965

Business Phone Number: _____ Business Email: _____

Name of Owner/Operator: _____ Phone Number: _____

Address: _____ Email: _____

Date Business Purchased: _____ CUP Council Approval Date: _____

Number of Rooms: _____

Premier Resort Tax Number: _____ Seller's Permit Number: _____

Attach Verification Certificate from State of Wisconsin Dept. of Revenue

Signature of Applicant

Date

License subject to compliance with Wisconsin Dells Code Section 4.10

- (1) Premises. No license or permit shall be granted or renewed for the operation of any trade, profession, business or privilege, for which a license or permit is required by any provision of this Code, for operation upon any premises which taxes or assessments or other financial claims of the City, or any City utility are delinquent and unpaid.
- (2) Persons. No person who is delinquent in the payment of any taxes, assessments or other claims owed to the City, including a forfeiture resulting from a violation of any Ordinance of the City, shall be granted or renewed any license for any trade, profession, business or privilege in the City for which a license or permit is required by any provision of this Code.

Office Use Only

Date Issued: _____

Conditions (if any): _____

Date Denied: _____ Reason(s): _____

Utilities _____ Taxes _____ Court _____ Parking _____

Permits/Other _____