

# Town of Strongs Prairie

## Room Tax Permit Application

Renewal Due: June 30th

Permit Fee: \$100.00

Payable to: Town of Strongs Prairie

PO Box 69  
Arkdale, WI 54613

Permit #	Office Use
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Check Applicable Box	
New Application	<input type="checkbox"/>
Renewal	<input type="checkbox"/>

Owner Information			Rental Physical Location	
Name:			Property Name(if applicable):	
Mailing Address:			Property Address:	
City	State	Zip	City	Parcel Number
Email Address:			Owner/Operator Phone Number:	

### Applicant Signature

I, the undersigned, hereby apply for a Town of Strongs Prairie Short Term Rental License and certify that all the information herein is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Town Contact: Treasurer at [strongsprairietreasurer@gmail.com](mailto:strongsprairietreasurer@gmail.com)