

TOWN OF LAFAYETTE

5765 197TH ST
CHIPPEWA FALLS, WI 54729
715-723-7692

Application for Room Tax Permit

FEE: \$10.00

Establishment Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Owner's Name: _____

Owner's Phone Number: _____

Email Address: _____

Establishment Phone Number: _____

Certificate of Liability Insurance Attached: Yes _____ No _____

To the local governing body of the **Town of Lafayette**, County of **Chippewa**, Wisconsin

The undersigned hereby make application for a license *to engage in* the retail of rooms or lodging business. The applicant agrees to comply with and be bound by all the laws, ordinances, rules, regulations and penalties governing the business for which this license is applied for.

Upon receipt of your payment and final approval of the application you will receive a receipt showing the payment of the sum of \$10.00 to the Treasurer for renewal of this license.

Signed: _____ Date: _____

Printed Name: _____

Office Use Only

License Application Completed: Yes _____ No _____

Certificate of Insurance Received: Yes _____ No _____

Payment Received: Yes _____ No _____