



TOWN OF ROME
ROOM TAX PERMIT APPLICATION
Fee \$25.00

DATE: _____

WI DOR SELLERS PERMIT #: _____

Authorization to Wisconsin Department of Revenue to release sales tax returns and information to the Town of Rome
(MUST BE INCLUDED WITH APPLICATION)

NAME OF PROPERTY OWNER: _____

NAME OF BUSINESS: _____

PHYSICAL ADDRESS OF RENTAL: _____

PROPERTY OWNER MAILING ADDRESS: _____

PHONE NUMBER (Owner or Manager): _____

EMAIL ADDRESS: _____

SIGNATURE OF OWNER OR AUTHORIZED AGENT: _____

DATE: _____

**MUST BE SUBMITTED ALONG WITH
NEW SHORT TERM RENTAL
APPLICATION TO:**

TOWN OF ROME
ATTN: WENDY NEWSOM
1156 ALPINE DRIVE
NEKOOSA, WI 54457

FOR OFFICE USE ONLY:

Date Received: _____

Payment: _____

Tax Parcel #: _____

Permit Number: _____

Date Permit Issued: _____