

# Application for Room Tax Permit

City of Tomahawk  
 Po Box 469  
 Tomahawk, WI 54487  
 (715)453-4040  
**PERMIT FEE \$5.00**

Business Information			
Corporation Name		FEIN	
Mailing Address		Contact Person	
City	State	Zip	County
Premise Name (d/b/a)		Premise Location	

Business Owners, Partners, Members or Cooperate Officers – All Applications			
Please list all. If more space is needed, attach additional pages			
Name		Title	
Home Address		Telephone	
City	State	Zip	County

Name		Title	
Home Address		Telephone	
City	State	Zip	County

Name		Title	
Home Address		Telephone	
City	State	Zip	County

*I declare under penalties of law that I have examined this information and to the best of my knowledge and belief, it is true, correct, and complete.*

Name of Person who prepared this application (please print)		Title	Date
Signature	Business Telephone Number	Email	