City of Beloit Application for Hotel/Motel Room Tax Permit

		Date perm	nit issued:	
Name and address of establishment	for permit:	1 <u>5 410 p 61 11</u>		
		- -		
		- -		
Name of motel/hotel:		-		
Legal Organization (<i>circle one</i>):	Sole Propri	etorship	Partnership	Corporation
Wisconsin Sellers Permit Number:				_
# of rooms or units available for rent:				_
Receipt from Room Rent only:		\$		_
% of non-transient occupancy:			C	<u>%</u>
Present room rate schedule (attach o	opy if availa	ble):		
• • • • • • • • • • • • • • • • • • •	nit	-		
\$ \$ \$ \$ \$		-		
\$		- -		
Average rate for occupied rooms:		\$		
Average annual % of occupancy:			(<u></u>
Check one: My business is subject to the Room Tax Permit be issued My business is not subject to the subject to the Room Tax Permit be issued by the subject to the Room Tax Permit be issued by the subject to the Room Tax Permit be issued by the subject to the Room Tax Permit be issued by the subject to the Room Tax Permit be issued by the subject to the Room Tax Permit be issued by the Room Tax Permit by the Room Tax Permit be issued by the Room Tax Permit by th	ed.			equest that a
I hereby authorize the Wisconsin Depinformation to the City Treasurer or D				x returns and
I hereby certify the answers to the ab and belief.	ove stateme	nt are corr	ect to the best of	my knowledge
Signature of owner or autho	rized agent:			
0	wner Name:			
pplication.xls, Rev. 1-25-01	Title:			