

# TOWN OF ST. GERMAIN

ACCOMMODATIONS COMMISSION

PO Box 67

St. Germain, WI 54558

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*APPLICATION / REGISTRATION FOR ACCOMMODATION PERMIT*

## Town of St. Germain - Vilas County - Wisconsin

Calendar Year: \_\_\_\_\_

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*Accommodation Tax in St. Germain as adopted in Chapter 12, Accommodation Tax*

PLEASE PRINT CLEARLY OR TYPE

Owners Name: \_\_\_\_\_

Address \_\_\_\_\_

Home Phone: \_\_\_\_\_

Physical Address \_\_\_\_\_

of Property \_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Location if different than mailing address:

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Managed By: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**IS THIS PROPERTY RENTED ON A DAILY OR WEEKLY BASIS? YES NO**

I hereby certify that the information provided above is true and correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

RETURN TO TOWN OF ST. GERMAIN ACCOMMODATION COMMISSION AT ABOVE ADDRESS.  
WITHIN 10 DAYS OF RECEIPT OF THIS FORM.

**• Please do not mark below this line •**

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FOR TOWN USE ONLY:

DATE ISSUED \_\_\_\_\_ PERMIT # \_\_\_\_\_

SIGNED: \_\_\_\_\_

TREASURER OR CLERK - TOWN OF ST. GERMAIN