

TOWN OF ST. GERMAIN

TOWN TREASURER

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ANNUAL APPLICATION FOR ACCOMMODATION PERMIT
TOWN OF ST. GERMAIN – VILAS COUNTY – WISCONSIN

Calendar Year: 2021

PLEASE PRINT CLEARLY

Are you applying as: Marketplace Provider: _____ Owner _____

Name: _____

Address: _____

E-Mail Address _____

Telephone # _____

I will be reporting accommodation taxes for the following property (if more than one use addendum):

Business Name: _____

Address of rental: _____

Web Site: _____

I am required by the State of Wisconsin to file sales taxes on a Monthly Basis _____,

Quarterly Basis _____ Annual Basis: _____

Are you a Marketplace Provider? _____

Do you use the services of a Marketplace Provider? _____ If so who do you use?

Name of Marketplace Provider (National): _____

Name of Marketplace Provider (Local): _____

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

Signed: _____ Date: _____