



OFFICE USE ONLY
DATE FILED: _____
INITIALS: _____
PERMIT #: _____

**HOTEL-MOTEL ROOM TAX PERMIT
CLK042 (rev. 11/17)**

Fee: \$10.00

PLEASE NOTE: Applicant hereby authorizes the City of Kenosha Clerk-Treasurer or his/her agent to make necessary examination and inspection of all books, records and other business records required to enforce the provisions of Section 2.16 of the City of Kenosha, Code of General Ordinances.

1. Licensee:

a) Name of Corporation/Individual: _____

b) If Corporation, List Agent/Manager: _____
FIRST M.I. LAST

c) Phone: _____ Email: _____

2. Trade Name:

a) Hotel-Motel Name: _____

b) Address: _____
STREET ZIP

c) Number of Rooms: _____

3. Wisconsin State Sales Tax Number: _____

Individual/Authorized Member of Corp. Signature Date