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