



City of Onalaska Transient Room Permit

Phone: (608) 781-9530 • Fax: (608) 781-9534

415 Main St. Onalaska, WI 54650

City Clerk: dq-cityclerk@onalaskawi.gov

<http://www.cityofonalaska.com>

Date Filed:

License #:

Fees: \$30 for a 2-year Permit or \$25 for a 1-Year Permit
License Period Runs from July 1st through June 30th

FEES ARE NON-REFUNDABLE / NON TRANSFERABLE

	Applying as: _____ Individual/Sole Proprietorship _____ Partnership _____ LLC/Corporation
	Address of Property applying for Transient Room Permit:

APPLICANT	Applicant Name:
	Applicant Address:
	Applicant Cell Phone: _____ Applicant Email: _____

PRIVATE RESIDENCE	If this application is for a private residence that is being used for short-term rentals, are you the owner of said property? _____ Yes _____ No		
	If the applicant is not the owner of the private residence, please provide name, address and contact information of owner: (Owner of private residence must sign application)		
	Owner Name:	Owner Street Address:	
	City:	State:	Zip Code:
	Owner Cell Phone:	Owner Email:	

BUSINESS	Trade Name/Hotel-Motel Name:	Manager Name:	
	Corporate Name (If different than above):	Corporate Street Address (If different than above):	
	City:	State:	Zip Code:
	Phone:	Cell:	Fax: _____ Email: _____

Wisconsin Seller's Permit #: _____ (not required for private residences listing through a Marketplace provider (i.e. Vrbo or Airbnb) who collects, reports and pays the sales tax on your behalf. If you are <u>not</u> listing through a Marketplace provider, then you will need to list your WI Seller's Permit number and obtain Room Tax reporting forms from the City of Onalaska)
Make checks payable to the CITY OF ONALASKA. Return your application and remittance fee to: City of Onalaska City Clerk 415 Main St., Onalaska, WI 54650

The undersigned certifies that the answers to the above statements are correct to the best of my knowledge and hereby applies for a Transient Room Permit in accordance with the requirements of 7.06.13 of the City of Onalaska Code of Ordinances. Applicant understands that in the event of delinquent taxes or fees, the City Clerk may require a Surety Bond up to \$5,000 to be filed with the City.

 (Print Legibly) OWNER/LEGAL REPRESENTATIVE NAME

 (Sign) OWNER/LEGAL REPRESENTATIVE NAME DATE

Approved By City Clerk:	Date Approved:
Approved by City Treasurer:	Date Approved: