



City of **MENOMONIE**

clerk@menomonie-wi.gov

(715) 232-2221 Ext 1006

800 Wilson Avenue

Menomonie, WI 54751

Hotel-Motel Room Tax Permit Application

Permit expires: December 31st, 20____

Name: _____
(First) (Middle) (Last)

Street Address: _____

City: _____ Zip Code: _____

Email: _____ Phone: _____

Hotel/Motel/B&B Name: _____

Total # of Units: _____

Business Street Address: _____

City: _____ Zip Code: _____

Applicant Signature

Permit Fee: \$2.00

Receipt #: _____

Date Filed: _____