



Room Tax Permit Application

Check applicable box:

- ☐ New Application
☐ Change Information on Current Permit

Permit number _____

Owner Information	Lodging/Rental Location
Name:	Name of Business D/B/A:
Mailing Address:	Address of Rental Location:
City, State, Zip:	Type of Lodging: <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> B&B <input type="checkbox"/> Condominium <input type="checkbox"/> Resort <input type="checkbox"/> Cottage/Home
Telephone:	
Email Address:	
Contact Person/Manager/Agent	
Owner <input type="checkbox"/> (if other, fill in below)	
Name:	Online Listing Service/Agent(s):
Mailing Address:	
City, State, Zip:	Number of Units: (a home = 1 unit unless rooms are rented separately)
Telephone:	Operating Period: <input type="checkbox"/> year round <input type="checkbox"/> summer seasonal <input type="checkbox"/> other, please explain:
Email Address:	

Return completed Application to:
City of Oshkosh – Finance Ofc. (Room 101)
215 Church Avenue
P.O. Box 1130
Oshkosh, WI 54903-1130

I hereby certify that I am authorized to submit this application on behalf of the above identified person/entity and that the information supplied hereon is accurate.

_____ Signature of preparer	_____ Date
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For City Use Only: Permit Number: _____	Date Issued: _____