

**TOWN OF FARMINGTON
APPLICATION FOR ROOM TAX PERMIT**

Please answer all questions completely. Please type or print & return completed application along with your \$25.00 annual permit fee to:

Town of Farmington
E913 Prairie View Ln
Waupaca, WI 54981

Name and address of Business:

Phone () _____

Email _____

Legal Organization (Check One):

Sole Proprietorship _____ Partnership _____ Corporation _____

Wisconsin Sellers Permit No. _____
(if collecting taxes directly)

Rental Property Address: _____

Number of Rooms or Units available for rent: _____

Waupaca County Department of Health and Human Services Permit must be issued before Town permit. Yes _____ No _____

Reporting Revenues/Tax: Monthly _____ Quarterly _____ (for self-filers)

Using Online Reservation to submit on my behalf:

(if using online to submit taxes to Town of Farmington no other reports required)

I hereby certify that the answers to the above statements are correct to the best of my knowledge and belief and that the above business is subject to Town of Farmington, Wisconsin Room Tax regulations per Ordinance No. 12/21/20(2020)

Signature of owner or authorized agent

Title

Print name of owner or authorized agent

Date

FOR OFFICE USE ONLY

Waupaca DHSS Permit Checked: _____

Date Permit Issued: _____