



# DOOR COUNTY TOURISM ZONE COMMISSION

PO Box 55, Sister Bay, WI. 54234  
 Phone: 920-854-6200 / Fax: 920-854-9019  
 Email: [dctourismzonecommission@gmail.com](mailto:dctourismzonecommission@gmail.com)  
 Website: [www.DoorCountyTourismZone.com](http://www.DoorCountyTourismZone.com)

Check Applicable Box	
New Application	<input type="checkbox"/>
* Change of Info for Permit #	<input type="checkbox"/>

## LODGING PERMIT APPLICATION

PLEASE USE BLACK INK

Apr-10

Owner Information				Lodging/Rental Physical Location							
Name				Property Name (if applicable)							
Mailing Address				Address or Fire Number (No P.O. numbers)							
Address 2				Village/Town		State	Zip				
City	State	Zip	Municipality								
Phone				Type of Lodging							
E-mail address:				<input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Resort <input type="checkbox"/> Inn <input type="checkbox"/> Condominium Property <input type="checkbox"/> B & B <input type="checkbox"/> Cottage / Cabin / House							
Individual Responsible for Paying Tax * (e.g., rental agent, CPA, lawyer)				Number of units: _____  <b>NOTE:</b> One house on one property counts as 1 Unit (not # of bedrooms unless rented to different paying guests, as in a B&B). If there are 2 houses (rented separately) on one property, it counts as 2 Units, etc.							
Owner <input type="checkbox"/> Otherwise, fill in below: Name Mailing Address Address 2 City State Zip Phone Number Cell phone: E-mail address: Fax number:											
* If the individual responsible for collecting and remitting the Room Tax changes, such as a change in ownership or a change in the owner's agent, a new Permit # is required to ensure your data's confidentiality.											
Operating Period & Number of Units Available											
Indicate the units offered for rent during each month of the year (e.g., if some non-winterized units are closed in winter but some are kept open)							<input type="checkbox"/> Open year round				
Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Certificate											
I, the undersigned, hereby apply for a Door County Tourism Zone Lodging Permit and certify that all the information herein is true and correct to the best of my knowledge.											
Signature		Date		Daytime Phone Number							
Print Name				E-mail Address							
Approvals											
Date Received				Date Issued							
Approved By				Permit Number							