



# CITY OF LAKE GENEVA

## ROOM TAX PERMIT APPLICATION

PLEASE FILL IN ALL BLANKS COMPLETELY, AS INCOMPLETE APPLICATIONS  
WILL BE REJECTED. PERMIT EXPIRES ON JUNE 30TH.  
NON-REFUNDABLE FEE OF \$10.00 IS DUE UPON APPLICATION.

### APPLICANT INFORMATION

Owner or Operator Name: \_\_\_\_\_  
Last First Middle

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Number of Rooms: \_\_\_\_\_

### APPLICANT SIGNATURE

\_\_\_\_\_ DATE: \_\_\_\_\_

### *Complete and Submit Application to:*

City Treasurer  
City of Lake Geneva  
626 Geneva Street  
Lake Geneva, WI 53147

### *For Office Use Only*

Date Filed: \_\_\_\_\_

Receipt No: \_\_\_\_\_

Total Amount: \_\_\_\_\_