



Town of Phelps
P.O. Box 157
Phelps, WI 54554
715-545-2270
Email: deputyclerk@phelpswi.gov

2025 ROOM TAX PERMIT APPLICATION
(submit by email or US mail)

APPLICANT/AGENT			PROPERTY OWNER		
NAME			NAME		
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
PHONE NUMBER () -			PHONE NUMBER () -		
ALT NUMBER () -			ALT NUMBER () -		
EMAIL			EMAIL		

Name of Lodging Facility, Number of Rooms and Physical Address. Attach an additional sheet if necessary.

Lodging Facility # of Rooms

Physical Address

Please circle if you are a: Sole Proprietorship Partnership Corporation LLC Other
WI Seller Permit Number _____ If Other explain: _____

Will you be using a Third-Party Booking Administrator? Yes _____ No _____
If Yes explain: ie Airbnb, VRBO, Evolve, hometogo, etc. _____

Is the business open year around? Yes _____ No _____ If Seasonal indicate which quarters you are open
____ 1st quarter (Jan, Feb, Mar) ____ 2nd quarter (Apr, May, June) ____ 3rd quarter (July, Aug, Sept)
____ 4th quarter (Oct, Nov, Dec)

I hereby certify that the answers to the above questions are correct to the best of my knowledge and belief.

Signature of Owner or Authorized Agent: _____

Print Name and Title: _____ Date: _____