

Town of Three Lakes
Transient Lodging Permit Application

Name of Applicant: _____

Trade Name: _____

Address of Premises: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Number of Units Available for Rent: _____

Average Annual Percent of Occupancy: _____

Wisconsin Sales Tax Seller's Permit Number: _____

Oneida County Health Department Permit Number:

(Please include a copy of your seller's permit and Oneida County Health Department permit)

Dates of Operation: _____

Signature of Owner/Authorized Agent
