

**TOWN OF WILSON  
APPLICATION FOR HOTEL/MOTEL OPERATIONS PERMIT  
CALENDAR YEAR**

Please answer all questions completely. Please type or print and return completed application along with your \$20.00 permit fee to:

Town of Wilson  
5935 South Business Drive  
Sheboygan, WI 53081

Name, Address and Email of Business:

Physical Address of Business:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone (    ) \_\_\_\_\_

Email address: \_\_\_\_\_

Legal Organization (Check One):

Sole Proprietorship

Partnership

Corporation

LLC

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Wisconsin Sellers Permit No. \_\_\_\_\_ (Please attach copy)

Number of Rooms or Units available for rent: \_\_\_\_\_

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 Wilson, Section 114.39 of Chapter 17, Room Tax Ordinance

\_\_\_\_\_  
Signature of owner or authorized agent

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print name of owner or authorized agent  
Please circle one

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Permit No.: \_\_\_\_\_

Date Permit Issued: \_\_\_\_\_

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

The Town of Wilson reserves the right to revoke this permit for any Town Ordinance violation.