

Town of Three Lakes
Transient Lodging Permit Application

Permit Number: _____

Name of Applicant: _____

Trade Name: _____

Address of Premises: _____

Number of Units Available for Rent: _____

Present Rate Schedule: Please attach your current schedule

Average Annual Percent of Occupancy: _____

Wisconsin Sales Tax Seller's Permit Number: _____

DHFS Permit Number: _____

Dates of Operation: _____

Signature of Owner/Authorized Agent Date

Mailing Address: _____

Email Address: _____

Winter Address (if applicable): _____

Date Permit Issued: _____