

Town of Mercer

Po Box 149
Mercer WI 54547
Phone: (715)476-2676
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ROOM TAX PERMIT APPLICATION

Date: _____

Applicant Name: _____

Business Name: _____

Phone Number: _____

Address of rental(s): _____

E-Mail address: _____

Mailing address _____

Is Business open year round: _____ Number of Units: _____

Present rate schedule: (please attach) _____

Signature of Owner/Authorized Agent

WI sales tax permit # _____

Health dept. permit # _____

FOR OFFICE USE ONLY:

PERMIT # _____

DATE: _____