



Office of the City Clerk

Maribeth Witzel-Behl, City Clerk

City-County Building, Room 103
210 Martin Luther King, Jr. Boulevard
Madison, Wisconsin 53703
Phone: (608) 266-4601
Fax: (608) 266-4666
clerk@cityofmadison.com
www.cityofmadison.com/clerk

Answer all questions completely. Please type or print. Return completed application to:
City Treasurer, 210 Martin Luther King, Jr., Blvd., Room 107, Madison, WI 53703.

Name of establishment seeking permit: _____

Address of establishment: _____

True name and address of business
(if different from above):

Send the Quarterly Return Form to
(if different from above):

Legal Organization: Sole Proprietor Partnership Corporation LLP LLC

Wisconsin Sellers Permit Number _____

Number of room/units available for rent: _____

20____ receipts from room rent only: \$ _____

Percent of non-transient occupancy: _____%

Average rate for occupied rooms: \$ _____

Average annual percent of occupancy: _____%

Room Rate Schedule (attach copy if available)	
Amount	Per Unit
\$	
\$	
\$	
\$	

Check one:

- My business is subject to the Madison Transient Room Tax and I am enclosing a check for \$2.00 for a Transient Room Permit.
- My business is not subject to the Madison Transient Room Tax.

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

Signature of owner or authorized agent _____

Print name of owner/authorized agent _____

Title _____ Date _____

City Treasurer Use Only			
Date Received	Receipt Number	Permit Number	Date Permit Issued

**Hotel/Motel and Rooming House Operators,
or Others Subject to the Room Tax:**

As a customer service, the City Treasurer would like to fax a reminder to you approximately ten (10) days before the Room Tax payment is due. Non-receipt of this fax would not release you from payment deadline requirements.

Indicate your preference below and return this form with your permit application.

Sincerely,

Maribeth Witzel-Behl
Madison City Clerk

I do not wish to receive a fax reminder.

I would like to receive a fax reminder.

Attn: _____
Please print.

Fax Number: (____) _____
Area code and number

Contact person and phone number for any problems with fax transmission:

_____ (____) _____
Contact person Phone number