

# ACCOMMODATIONS PERMIT APPLICATION

PLEASE PRINT THE FOLLOWING INFORMATION:

TYPE OF BUSINESS (please circle one): Hotel--Motel--Tourist Rooming --Condo--B&B--Short-Term Rental--  
Other \_\_\_\_\_

NAME OF FACILITY (EXAMPLE-"BAYFIELD APTS"): \_\_\_\_\_

LOCATION (STREET ADDRESS): \_\_\_\_\_

NUMBER OF RENTAL ROOMS: \_\_\_\_\_

NAME OF APPLICANT(S): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ CELL #: \_\_\_\_\_

HOME #: \_\_\_\_\_ WORK #: \_\_\_\_\_

***If applicable***

MANAGING COMPANY AND RESPONSIBLE PERSONS NAME AND PHONE NUMBER:

\_\_\_\_\_

PERSON RESPONSIBLE FOR FILING QUARTERLY AND ANNUAL REPORTS:

\_\_\_\_\_/\_\_\_\_\_  
Please print signature date

## **FOR CITY TREASURER'S USE ONLY**

Date Application Received \_\_\_\_\_

Fee paid: \_\_\_\_\_yes \_\_\_\_\_no

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

Permit Number Issued \_\_\_\_\_

In case of sale of Unit:

Old Permit Number: \_\_\_\_\_

Name of previous Permittee: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_  
\_\_\_\_\_