



Ashland

WISCONSIN

ACCOMMODATIONS PERMIT APPLICATION

NAME OF APPLICANT: _____

DOING BUSINESS AS: _____

ADDRESS: _____

ASHLAND, WI 54806

TELEPHONE _____

NAME OF HOTEL/MOTEL _____

NUMBER OF ROOMS _____

PERSON RESPONSIBLE FOR FILING QUARTERLY REPORTS _____

TELEPHONE _____

SIGNATURE _____ DATE _____

FOR TREASURER'S OFFICE

DATE RECEIVED _____

FEE PAID _____

DATE PERMIT ISSUED _____

RECEIPT# _____

PREVIOUS OWNER _____

FORWRDING ADDRESS _____