

Town of Fulton

Lodging Room Tax Permit

Mailing Address:
 Town of Fulton
 2738 W Fulton Center Dr
 Edgerton, WI 53534

Part A. Reason for Application

New Permit Permit Renewal

Part B. Business Information			
Legal name (Sole proprietors enter your last, first, MI)	FEIN	SSN (Required for sole proprietors)	
Trade name (DBA) if different from legal name			
Property address			
City	State	Zip	County

Part C. Permit Fee

Annual Fee of \$35.00 due by December 1st

Yes, the payment is enclosed.
 No. Payment is delayed because _____.

Part D. Contact Information

Contact name (<i>person who will submit reports</i>)			
Contact mailing address	City	State	Zip
Contact phone ()	Contact email address		
Secondary contact name (<i>if applicable</i>)			
Secondary contact phone	Secondary contact email address		

I declare under penalties of law that I have examined this information and to the best of my knowledge and belief, it is true, correct, and complete.

Name of person who prepared this application (<i>please print</i>)	Title	Phone number ()
Signature		Date