

APPLICATION/REGISTRATION FOR ACCOMMODATION PERMIT

VILAS COUNTY, STATE OF WISCONSIN

DATE PERMIT SENT/ISSUED TO APPLICANT: _____

www.townofplumlake.com

| PO BOX 280 | SAYNER, WI 54560 | 715-542-4531 | office@townofplumlake.com |
|------------------------|------------------------------|-----------------------|-----------------------------------|
| | | | RD-001, ADOPTED NOVEMBER 19, 2013 |
| PLEASE PRINT LEGIBL | Y OR TYPE: | | |
| OWNER'S NAME: | | | |
| MAILING ADDRESS: | | | |
| IOME PHONE:CELL PHONE: | | | |
| BUSINESS NAME: | | | |
| PHYSICAL ADDRESS | OF PROPERTY: | | |
| BUSINESS PHONE: _ | | EMAIL: | |
| PROPERTY IS MANA | GED BY: | | |
| ADDRESS: | | | |
| | | | |
| DO YOU USE A LOD | GING MARKETPLACE? Y | ES NO | |
| PLEASE LIST WITH A | CCOUNT NUMBER FOR EA | CH: | |
| | | | |
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| WHO IS RESPONSIR | LE FOR COLLECTING ROOM | 1 ΤΔΧ? | |
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| WITO IS INEST ONSID | LE I ON SOBIVITI TING I ATIV | IEM TO THE TOWN. | |
| I hereby certify tha | at the information provid | led above is true and | d correct. |
| SIGNED: | , | | Date: |
| 31011LD | | | |
| THIS FO | RM MUST BE SUBMIT | TED PRIOR TO AI | NY RENTAL ACTIVITY |
| | ETURN TO: TOWN OF PL | | |
| i elittäe it | | MARK BELOW THIS | • |
| | PLEASE DO NOT | IVIARK BELOVV THIS |) LIIVE * |
| FOR TOWN USE O | NLY: | | |
| DATE ISSUED: | PERMIT NU | JMBER: | |