



Allouez Village Hall
1900 Libal Street, Green Bay, WI 54301
(920) 448-2800
Fax (920) 448-2850
www.villageofallouezwi.gov

ROOM TAX PERMIT APPLICATION

Parcel No.: AL- _____

Address: _____

Name of Establishment (if applicable): _____

Owner's Name: _____

Owner's Address (if different than establishment): _____

Phone No.: (____) ____ - _____ Email: _____

For CORPORATIONS ONLY:

Name of Registered Agent: _____

Name of Resident Manager: _____

Number of Rooms: _____

The applicant hereby authorizes the Village Clerk/Treasurer to make the necessary examination and inspection of the books, records and memoranda required to enforce the provisions of Chapter 50 of the Village of Allouez Municipal Code.

_____/_____/_____
Signature of Applicant Date

Submit Completed Application to:

Village of Allouez
Clerk/Treasurer
1900 Libal Street
Green Bay, WI 54301
920-448-2800
Email: general@villageofallouezwi.gov

For Office Use Only:

Received by Clerk/Treasurer: ____/____/____

Permit No. Issued: _____