

**TOWN OF DELAVAN  
APPLICATION FOR ANNUAL ROOM TAX PERMIT**

DATE: \_\_\_\_\_

OWNER OR OPERATOR: \_\_\_\_\_

SALES TAX NUMBER: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

ANNUAL PERMIT FEE: **\$10.00**

**RETURN APPLICATION ALONG WITH PERMIT FEE TO:**

TOWN OF DELAVAN TREASURER  
5621 TOWN HALL ROAD  
DELAVAN, WI 53115

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Town of Delavan Official Use Only

DATE ISSUED: \_\_\_\_\_

PERMIT NUMBER ISSUED: \_\_\_\_\_