

Date Filed: \_\_\_\_\_  
Date Approved: \_\_\_\_\_

License No. \_\_\_\_\_

**CITY OF ONALASKA**  
**APPLICATION FOR RENEWAL OF TRANSIENT ROOM PERMIT**

*Please type or print the answers to all questions completely.*

Return the completed application and payment to:

**Onalaska City Clerk**  
**415 Main St.**  
**Onalaska, WI 54650**

**License Renewal Fee - \$25.00 annually**  
**\$30.00 /two years**

Name & Address of Business:

Name of Insurance Company:

Legal Organization (Circle One):  Sole Proprietorship  
 Partnership  
 Corporation

Wisconsin Seller's Permit Number: \_\_\_\_\_

Number of Rooms or Units Available for Rent: \_\_\_\_\_

Percent of Non-Transient Occupancy: \_\_\_\_\_

Present Room Rate Schedule: (if available - please attach a copy)

Average Rate for Occupied Rooms: \_\_\_\_\_

Average Annual Percent of Occupancy: \_\_\_\_\_

I hereby certify that the answers to the above statements are correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of owner/authorized agent

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date