



Allouez Village Hall  
1900 Libal Street, Green Bay, WI 54301  
(920) 448-2800  
Fax (920) 448-2850  
[www.villageofallouezwi.gov](http://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: [carrie.zittlow@villageofallouezwi.gov](mailto:carrie.zittlow@villageofallouezwi.gov)

### For Office Use Only:

Received by Clerk/Treasurer: \_\_\_\_/\_\_\_\_/\_\_\_\_

Permit No. Issued: \_\_\_\_\_