



---

Billie Hoopman, Treasurer, P.O. Box 742, Bayfield, WI 54814

## ACCOMMODATIONS PERMIT APPLICATION

Name of applicant: \_\_\_\_\_  
(Property Owner(s))

Mailing address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Doing Business As: \_\_\_\_\_  
Business Location: \_\_\_\_\_

Management Company (if used): \_\_\_\_\_  
Management Co. Address: \_\_\_\_\_

Number of rooms: \_\_\_\_\_

Telephone # of contact person: \_\_\_\_\_

E-mail of contact person: \_\_\_\_\_

Please return with a copy of your Bayfield County Health Inspection & Zoning Permit.

Person or Company responsible for filing quarterly & annual returns:

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

---

For Town Treasurer's use:

Date received: \_\_\_\_\_

Date permit issued: \_\_\_\_\_ Permit #: \_\_\_\_\_

Sale of facility: \_\_\_\_\_ Date of Sale: \_\_\_\_\_