



Finance Department Treasury

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TRANSIENT ROOM TAX APPLICATION FOR HOTELS, MOTELS & TRH OPERATORS

Answer all questions completely. Please type or print. Return completed application to: City Treasurer, 210 Martin Luther King, Jr. Blvd., Room 107, Madison, WI 53703. If you have any questions, please contact the City Treasurer's Office at (608) 266-4771.

Name of Establishment Seeking Permit: _____

Address of Establishment: _____

True Name and Address (if different from above) _____
Send the Quarterly Return Form to (if different from above) _____

Legal Organization: Sole Proprietor Partnership Corporation LLP LLC

Number of Rooms/Units Available for Rent: _____

Average Rate for Occupied Rooms: _____

FOR HOTELS & MOTELS ONLY		Room Rate Schedule (attach copy if available)	
		Amount	Per Unit
Number of room/units available for rent:	_____	\$	
Average rate for occupied rooms:	\$ _____	\$	
Wisconsin Sellers Permit Number	_____	\$	
20 _____ receipts from room rent only:	\$ _____	\$	
Percent of non-transient occupancy:	_____ %	\$	
Average annual percent of occupancy:	_____ %	\$	

Check one: My business is subject to the Madison Transient Room Tax and I am enclosing a check for \$2.00 for a Transient Room Permit.
 I book only through Airbnb, VRBO or HomeAway. I am exempt from the \$2.00 permit fee.

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

Signature of Owner or Authorized Agent

Print name of Owner or Authorized Agent

Title

Date

CITY TREASURER USE ONLY			
DATE RECEIVED	RECEIPT NUMBER	PERMIT NUMBER	DATE PERMIT ISSUED

Hotel/Motel and Room House Operators, or Others Subject to the Room Tax

As a customer service, the City Treasurer would like to fax a reminder to you approximately ten (10) days before the Room Tax payment is due. Non-receipt of this fax would not release you from payment deadline requirements.

Indicate your preference below and return this form with your permit application.

Check one: I DO NOT wish to receive a fax or email reminder.

I WOULD like to receive a fax or email reminder.

Attn: _____ (Please Print)

FAX Number: _____ (Area Code and Number)

Email Address: _____

Contact person and phone number for any problems with fax or email transmission:

Contact Person

Area Code and Phone Number