

Certification of Local Municipality Room Tax Compliance

The Applicant listed below is applying for a Tourist Rooming House Permit as authorized under Marquette County Code of Ordinances Section 35.

Property Owner Name

Property Owner Mailing Address

Property Address subject to this permit

I, _____, being the duly appointed Treasurer for the Town of _____, hereby attest that to the best of my knowledge, the above named owner has no outstanding Tourist Room Taxes due to this Town.

Signature of Local Municipality Treasurer

Date