

**TOWN OF PRESQUE ISLE  
APPLICATION FOR ROOM TAX PERMIT**

Please answer all questions completely.  
Please type or print.  
Return the completed application to:

TOWN TREASURER, Town of Presque Isle  
Room Tax Permit  
P.O.Box 130  
Presque Isle, WI 54557

**NAME, ADDRESS AND PHONE NO.** of establishment  
for which permit is being requested.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
( ) \_\_\_\_\_

**NAME and MAILING ADDRESS** of business (if different from above)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Legal Organization: Sole Proprietorship, Partnership, Corporation  
(Circle One)

Wisconsin Seller Permit Number \_\_\_\_\_

Is business open year around? Yes \_\_\_\_\_ No \_\_\_\_\_

Seasonal Business . . . open  
1st Quarter \_\_\_ 2nd Quarter \_\_\_ 3rd Quarter \_\_\_ 4th Quarter \_\_\_

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

Signature of Owner or Authorized Agent \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_

## TOWN OF PRESQUE ISLE INSTRUCTIONS FOR ROOM TAX RETURN

Line 1 – Include total receipts from rental of resort cabins, hotel/motel rooms, guest cabins and home.

Line 2 – Include total receipts of American Plan charges @45%.

Line 3 – Add lines 1 & 2.

Line 4 – Report any State, County and Room Tax included in Line 3 here.

Line 5 – Subtract line 4 from line 3.

Line 6 – Multiply line 5 times .045.

Line 7 – Multiply line 6 times .01, minimum collection fee is \$2.00.

Line 8 – Subtract line 7 from line 6.

Line 9 – If you are filing a late return, the late filing fee is \$20.00 plus interest of 1% of the amount due for each month, or part of a month, you are late. Example: Your room tax is \$750.00 and you are filing two and one half months late. Your delinquent fee will be \$20.00 plus \$22.50 (\$750.00 times .01, times 3), for a total of \$42.50.

Line 10 – Add line 8 and line 9, this is your total room tax due.

Please make checks payable to the Town of Presque Isle.

### \*\*REMINDER\*\*

You are responsible to file a quarterly room tax return whether you have any rentals during the quarter or not. Failure to file for two consecutive quarters will result in the cancellation of your room tax permit.

**TOWN OF PRESQUE ISLE ROOM TAX**  
 The Hotel/Motel Room Tax is due and payable on or before the 30<sup>th</sup> day of the month following the end of each calendar quarter. Make check payable to the Town of Presque Isle, P.O. Box 130, Presque Isle, WI 54557.

Quarter: 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_ 4th \_\_\_\_\_

Return Due Date: \_\_\_\_\_ 20 \_\_\_\_\_

Report must be filed even if no tax is due.

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Telephone #(\_\_\_\_) \_\_\_\_\_

Owner Name: \_\_\_\_\_

Town Permit # \_\_\_\_\_

Signature \_\_\_\_\_

White copy to be returned with remittance- Yellow copy for your records

1. Non-American Plan Lodging Receipts	
2. American Plan Receipts @45%	
3. Total Room Receipts (Add lines 1 & 2)	
4. County, State & Room Tax included in line 3	
5. Net Room Taxable Receipts (Deduct line 4 from line 3)	
6. Room Tax @ 4 1/2 % (Line 5 X .045)	
7. Collection Fee (1% of line 6 - Minimum fee \$2.00)	
8. Net Tax Due (Deduct line 7 from line 6)	
9. Delinquent Filing Fee (\$20 plus interest*)	
10. Total Tax Due (line 8 plus line 9)	

\*Unpaid tax bears interest of 1% per month (or part of) after due date

White copy to be returned with remittance- Yellow copy for your records \*Unpaid tax bears interest of 1% per month (or part of) after due date

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2. American Plan Receipts @45%	
3. Total Room Receipts (Add lines 1 & 2)	
4. County, State & Room Tax included in line 3	
5. Net Room Taxable Receipts (Deduct line 4 from line 3)	
6. Room Tax @ 4 1/2 % (Line 5 X .045)	
7. Collection Fee (1% of line 6 - Minimum fee \$2.00)	
8. Net Tax Due (Deduct line 7 from line 6)	
9. Delinquent Filing Fee (\$20 plus interest*)	
10. Total Tax Due (line 8 plus line 9)	

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Report must be filed even if no tax is due.

Business Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Telephone #(\_\_\_\_) \_\_\_\_\_

Owner Name: \_\_\_\_\_  
 Town Permit # \_\_\_\_\_

Signature \_\_\_\_\_