

**TOWN OF CALEDONIA
ROOM TAX REPORT**

Quarter Ending _____

Permit Number _____

The Quarterly Room Tax Report is due with the payment of the Room Tax the last day of the month next succeeding the calendar quarter for which it is imposed.

Name of Establishment _____

Address _____

Gross Earnings \$ _____

Deductions \$ _____
(Explain)

Sub-Total \$ _____

Multiply by \$ _____ X.04

Gross Tax \$ _____

Penalty \$ _____

Interest \$ _____

Total Due \$ _____

Town of Caledonia

Signed _____

Dated _____

Please return the original copy with your remittance and retain a second copy for your records.

Mail To: Caledonia Town Treasurer; W10806 Krejchik Road; Portage, Wisconsin 53901

APPLICATION FOR PERMIT

Name of Establishment _____

Owner or Manager _____

Address _____

Phone Number _____

After application has been made, the Treasurer shall grant and issue to each applicant a separate permit for each and every place of business within the Town. Such permit is not assignable and is valid only for the person in whose name it has been issued, and for the transaction of business at the specific place designated thereon. It shall at all times be conspicuously displayed at the place and in the place for which it has been issued.

APPLICANT'S SIGNATURE _____

TOWN OF CALEDONIA, Treasurer