Town of Lakewood, WI

Short Term Rental Property, Hotel, Motel and Third-Party Rental Transient

ROOM TAX QUARTERLY RETURN

From: _____ Quarter Ending: _____

_____ Taxable Room Receipts: _____

_____

Total Gross Receipts	Room Tax Rate	Amount of Room Tax Imposed	Remittance to Municipality
$	5%	$	$

For: _____ License #: _____

Name of Hotel, Motel or 3rd Party Rental

Address:_____ Date Completed: _____

Make check payable to: Town of Lakewood

Mail to: Po Box 40, Lakewood WI 54138

or hand deliver to: 17181 Twin Pines Rd, Lakewood, WI 54138

Persons failing to comply with the provisions of the enabling Town legislation will be subject to penalties as provided in the Town's Code of Ordinances.

I hereby certify that the information supplied hereon is true, accurate and complete.

_____

Signature of Owner or Authorized Person

_____ _____

Date Title

NOTICE TO NEW OWNERS: PRIOR TO USING THIS FORM, Owners must apply for an Operator's Permit.

_____Office Use Only Below this lIne_____

Date Paid_____ Amount Paid_____ Recpt #_____Initials_____