

**TOWN OF BOULDER JUNCTION  
APPLICATION FOR ROOM TAX PERMIT**

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

TOWN TREASURER, Town of Boulder Junction  
Room Tax Permit  
P. O. Box 616  
Boulder Junction, WI 54512  
Phone (715) 385-2220 Fax (715) 385-9129

**ESTABLISHMENT Information:**

**D/B/A Information: (if applicable)**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Fax

1) Which address should the Town send the quarterly tax forms? (check one)

Establishment

D/B/A

Other (please list contact name, address, telephone no.)

\_\_\_\_\_

2) Legal Status of Establishment: (check one)

Sole proprietorship

Partnership

Corporation

3) Wisconsin Seller's Permit No.: \_\_\_\_\_

4) Is business open year-round? (check one)       YES     NO

5) If seasonal, what calendar quarters are you open? (check all that apply)

1<sup>st</sup> Quarter (January 1-March 31)

3<sup>rd</sup> Quarter (July 1 – September 30)

2<sup>nd</sup> Quarter (April 1 – June 30)

4<sup>th</sup> Quarter (October 1 – December 31)

6) Boulder Junction Room Tax: (check one)

My business is subject to the Town of Boulder Junction Room Tax.

My business is NOT subject to the Town of Boulder Junction Room Tax.

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

\_\_\_\_\_  
Signature of Owner/Authorized Agent

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Printed name and Title

\_\_\_\_\_  
Date