



**Village of Fontana**

PO Box 200  
175 Valley View Drive  
Fontana, WI 53125  
262-275-6138, 262-275-8088 fax

**Transient Room Permit Application**  
(Not Transferable)

To the Treasurer of the Village of Fontana-On-Geneva Lake:

The undersigned hereby makes application for a Transient Room Tax Permit, pursuant to Ordinance #12-7-98-3, Chapter 70 of the Municipal Code of the Village of Fontana-On-Geneva Lake, Wisconsin, for the following business on the following described premises, to-wit:

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

for a two(2) year period from \_\_\_\_\_, 20\_\_ to \_\_\_\_\_, 20\_\_, subject to all provisions of the Village Ordinances and the Wisconsin Statutes.

A permit fee in the amount of \$20.00 is submitted herewith.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signed: \_\_\_\_\_  
Owner/Authorized Agent

Title: \_\_\_\_\_

Dated: \_\_\_\_\_



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### Monthly Transient Room Tax Return

This monthly return is due and the tax payable on or before the last day of the month next succeeding the calendar month for which imposed. (ie: June tax is due July 31<sup>st</sup>)

Transient Room Tax for month ended: \_\_\_\_\_

\$ \_\_\_\_\_ (A) Gross room rent receipts from all sources

**Less:**

\$ \_\_\_\_\_ (B) Rent received from non-transient guests (Stays of over 30 consecutive days)

\$ \_\_\_\_\_ (C) Rents billed directly to governmental units (Non-taxable)

\$ \_\_\_\_\_ (A) – (B) – (C) = Total taxable room rent

\$ \_\_\_\_\_ Tax due (Total taxable room rent x 5%)

Please make check payable to the:  
Treasurer, Village of Fontana  
P.O. Box 200  
Fontana, WI 53125

Failing to comply with the provisions of ordinance 12-7-98-3 of the Village of Fontana municipal code shall be subject to forfeiture.

I hereby certify that the information supplied hereon is accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Business Address

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



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**Transient Room Tax Annual Return**

This annual return, together with any additional tax, is due and payable within ninety (90) days of the close of each calendar or fiscal year.

For the year ended: \_\_\_\_\_

**(A) Room rent receipts from all sources:**

Month	Reported	Amended	Difference
January	_____	_____	_____
February	_____	_____	_____
March	_____	_____	_____
April	_____	_____	_____
May	_____	_____	_____
June	_____	_____	_____
July	_____	_____	_____
August	_____	_____	_____
September	_____	_____	_____
October	_____	_____	_____
November	_____	_____	_____
December	_____	_____	_____
<b>Totals:</b>	_____	_____	_____

**(B) Less: Room rent receipts from non-transient guests (stays of over 30 consecutive days)**

Month	Reported	Amended	Difference
January	_____	_____	_____
February	_____	_____	_____
March	_____	_____	_____
April	_____	_____	_____
May	_____	_____	_____
June	_____	_____	_____
July	_____	_____	_____
August	_____	_____	_____
September	_____	_____	_____
October	_____	_____	_____
November	_____	_____	_____
December	_____	_____	_____
<b>Totals:</b>	_____	_____	_____

<b>(C) Less: Room rent receipts from governmental units (non-taxable)</b>			
<b>Month</b>	<b>Reported</b>	<b>Amended</b>	<b>Difference</b>
January	_____	_____	_____
February	_____	_____	_____
March	_____	_____	_____
April	_____	_____	_____
May	_____	_____	_____
June	_____	_____	_____
July	_____	_____	_____
August	_____	_____	_____
September	_____	_____	_____
October	_____	_____	_____
November	_____	_____	_____
December	_____	_____	_____
<b>Totals:</b>	_____	_____	_____

**(A) Total Room Rent Difference:** \_\_\_\_\_  
**(B) Less Non-Transient Difference:** \_\_\_\_\_  
**(C) Less Governmental Difference:** \_\_\_\_\_  
**Grand Total Difference:** \_\_\_\_\_

**Additional tax due or to be refunded:**  
**5% Tax on Grand Total Difference:** \_\_\_\_\_

If additional tax is due, make check payable to:  
 Treasurer, Village of Fontana  
 PO Box 200  
 Fontana, WI 53125

If refund is due, Village Treasurer will issue a check.

Persons failing to comply with the provisions of the enabling Village Legislation will be subject to penalties as provided.

I hereby certify that the information supplied hereon is accurate to the best of my knowledge.

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

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

Signature of Owner or Authorized Agent: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Notice to New Owners: Do not use this tax return. Apply to the Village Treasurer immediately for a Transient Room Permit.**