



For Office Use only

☐ **Original Application** ☐ **Renewal Application**

☐ Hotel/Motel Fee **\$500.00** LICENSE # _____

☐ WI Seller's Permit # _____

☐ Federal Employer Identification # _____

Owner/Operator Permit Application for Hotel/Motel

License Valid July 1 – June 30 Each Year

Date of Application: _____ **Date of Opening:** _____

Name of Corporation: _____ **Ownership Type:** _____
(Corp, LLC, Individual Owner, Partnership)

Corporation Address: _____

Corporate Phone Number: _____

Owner

Name: _____
Last First Middle Initial M | F Date of Birth

Home Address: _____
Street
City State Zip Phone ()

E-mail Address: _____

Local Trade Name: _____ **Number of Rooms or Units Available for Rent:** _____

Business Address: _____

Business Phone Number: _____

24-Hour Emergency Contact Phone Number: _____

Number and Types of Beds in Each Room: _____

Manager/Agent #1 Information

Name: _____
Last First Middle Initial M | F Date of Birth

Home Address: _____
Street
City State Zip Phone ()

E-mail Address: _____

Manager/Agent #2 Information

Name:

Last

First

Middle Initial

M | F

/ /
Date of Birth

Home Address:

Street

()

City

State

Zip

Phone

E-mail Address:

You must submit the following with your original and renewal application:

- ☐ Copy of WI Seller's Permit AND Federal I.D. Number
- ☐ Proof of Liability Insurance (including carrier, policy no., agent name/address/phone)
- ☐ Proof of Winnebago County Hotel/Motel License issued under Sec. 97.605 Wis. Stats.
- ☐ Proof of Winnebago County Health Inspection
- ☐ Proof of Compliance with Municipal Code Chapter 49 Room Tax
- ☐ Any Additional Information requested by the Village

I understand that this license may be denied or revoked for fraud, misrepresentation or false statement contained in the application, delinquent payments due to the Village, or violations of the Code of Ordinances, or WI Statutes.

Under penalty of law, I swear that the information provided in the application is true and correct to the best of my knowledge.

I further understand that if the property or business exchanges ownership, or there are new officers in the Corporation, LLC, or Partnership, a new application must be submitted to the Village Clerk.

I agree to **inform the Village Clerk within five (5) business days after any change has occurred** in the information supplied on this application. A change of information on this application is subject to review by the Village Planning Commission.

I have received a copy of the following and have indicated so by my initials. _____ MUNICIPAL CODE CHAPTER 232 HOTELS & MOTELS, and MUNICIPAL CODE CHAPTER 49 ROOM TAX

Owner/Operator's Name (Print): _____ Title: _____

Signature: _____

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APPROVALS REQUIRED

Police	____/____/____ date sent	<input type="checkbox"/> Approve <input type="checkbox"/> Deny	by _____	Reason Denied: _____
Fire	____/____/____ date sent	<input type="checkbox"/> Approve <input type="checkbox"/> Deny	by _____	Reason Denied: _____
Com. Dev.	____/____/____ date sent	<input type="checkbox"/> Approve <input type="checkbox"/> Deny	by _____	Reason Denied: _____
Finance	____/____/____ date sent	<input type="checkbox"/> Approve <input type="checkbox"/> Deny	by _____	Reason Denied: _____

After routing and recommendation, return this application to Community Development.