



For Office Use only	
<input type="checkbox"/> Original Application	<input type="checkbox"/> Renewal Application
<input type="checkbox"/> Hotel/Motel Fee	\$500.00
LICENSE # _____	
<input type="checkbox"/> WI Seller's Permit # _____	
<input type="checkbox"/> Federal Employer Identification # _____	

Owner/Operator Permit Application for Hotel/Motel

License Valid July 1 – June 30 Each Year

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

Date of Opening: _____

Name of Corporation: _____ Ownership Type: _____

Ownership Type: _____

(Corp, LLC, Individual Owner, Partnership)

Corporation Address:

Corporate Phone Number:

Owner

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: _____

FOR OFFICE USE ONLY			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.