**TOWN OF CALUMET ID Number: \_\_\_\_\_\_\_\_\_\_\_**

**LICENSE APPLICATION FEE SCHEDULE:**

**Submit Application to**: Tourist Rooming House Permit: $150 Plan Commission Review: $250

Town of Calumet Clerk Property Manager License: $150

P O Box 92 Fire Inspection Fee: $ 75 Malone WI 53049 Building Inspector Fee: $ 75

Make Checks Payable to: **Town of Calumet**

**Section A: Establishment Address**

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

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

**Section B: Applicant/Contact Information**

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

Property Manager Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property Manager Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Property Manager E-mail:\_\_\_\_\_\_\_\_\_

**Section C: License Holder Information**

Organization/Owner Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Owner E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section D: General Information**

WI Seller’s Permit Number\*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estimated Opening Date: \_\_\_\_\_\_\_\_\_\_\_

\*A current copy of the Seller’s Permit is required at time of submission

Section E: Attestation and Signature

The statements made in this application are true to the best of my knowledge.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Only one license location per application allowed.

Hotel/Motel/Tourist Rooming House/Vacation Rental by Owner

Number of Rooms:

\_\_\_\_ 1-4

\_\_\_\_ 5-30

\_\_\_\_ 31-99

Please provide a copy of all of the following with your application:

1. Conditional Use Permit

2. State of Wisconsin Department of Health Services License for a tourist rooming

house license issued under s.254.64 Wis. Stats.

3. A copy of a completed State Lodging Establishment Inspection form dated within

one (1) year of the date of issuance or renewal or Building Inspector Inspection form

4. Proof of Insurance.

5. Floor plan, requested maximum occupancy and designated sleeping areas.

6. Site plan including available onsite parking.

7. Property Management Agreement (if applicable).

8. Designation of the Property Manager

9. Certification from the owner or licensee that the property meets the requirements

of this Ordinance.

10. Fond du Lac Health Department inspection report and room tax permit

11. An Employer Identification number issued by the Internal Revenue Service

12. Sellers Permit issued by the Department of Revenue

13. Inspection Report by the Town Fire Inspector dated within (1) year of the issue date

I certify that the tourist rooming house included in this permit, is in compliance with provisions of this Ordinance.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE SUBMIT APPLICATION BY MAY 28 TO BE APPROVED JUNE 3, 2020 TO AVOID CLOSURE OF BUSINESS.