

Tourist Rooming House Permit Application
Town of Calumet

Submit application to:

Town of Calumet Clerk
P.O. Box 92
Malone WI 53049

For Initial Application: \$700.00
For Annual Renewal Fees: \$450.00
<u>*Make checks payable to: Town of Calumet*</u>

Section A: Establishment Information

Establishment name: _____

Street Address: _____

City, State, Zip: _____

Section B: Applicant/Contact Information:

Owner's Name: _____

Property Managers Name: _____

Managers Phone: _____ Managers E-mail: _____

Section C: License Holder Information

Organization/Owner Legal Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Owner E-mail: _____

****PLEASE SEE OTHER SIDE: INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED****

Section D: General Information

Employer Identification # _____ Estimated Opening Date: _____

WI Seller's Permit Number: _____

*a current copy of Seller's Permit is required at time of submission

Section E: Attestation and Signature

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

Signature: _____ Date: _____

Only one license location per application allowed.

Please contact Fond du Lac County Health Department at 920-924-2410 for required documents.

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

1. Conditional Use Permit Application
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 of parcel including available onsite parking.
7. Property Management Agreement (if applicable)
8. Designation of the Property Manager
9. Fond du Lac County Health Department inspection report and room tax permit
10. An Employer identification number issued by the Internal Revenue Service
11. WI Seller's Permit issued by the Department of Revenue
12. Annual Inspection Report by the Town Building Inspector dated 60 day prior to license issue/renewal 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 APRIL 1ST OF LICENSING YEAR

