

Town of Calumet

TOURIST ROOMING HOUSE LICENSE APPLICATION

PLEASE SUBMIT RENEWAL APPLICATION BY APRIL 1ST OF LICENSING YEARNEW APPLICATIONS INCLUDING ALL REQUIRED DOCUMENTS AND FEES
MUST BE RECEIVED AND VERIFIED COMPLETE 30 DAYS PRIOR TO HEARINGHearings held the 3rd Thursday of the month

(Only one license location per application is allowed.)

Submit application to:

Town of Calumet Clerk

P.O. Box 92

Malone WI 53049

TRH Fees for Initial Application:

TRH License	\$150
Plan Commission	250
Building Inspection	150
Property Managers License	150
Total with Managers License =	\$ 700
Total without Managers License =	\$ 550

TRH Annual Renewal Fees:

TRH License Renewal	\$150
Building Inspection	150
Property Managers License	150
Total with Managers License =	\$ 450
Total without Managers License =	\$ 300

Make checks payable to:*Town of Calumet*****Section A: Tourist Rooming House Information**

Business name: _____

Street Address: _____

City, State, Zip: _____

Section B: Applicant/Contact Information:

Owner's Name: _____

Owners Primary Residence Address: _____

City, State, Zip Code: _____

Property Managers Name: _____

(Property manager is required if Owners primary address is greater than 30 roadway miles from the Tourist Rooming House address)

Property Managers Primary Residence Address: _____

(Property Manager if required, must reside within 30 roadway miles of the Tourist Rooming House address)

City, State, Zip Code: _____

Property Managers; E-mail: _____ Phone Number: _____

****PLEASE SEE ADDITIONAL PAGES: INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED******Section C: License Holder Information**

Organization/Owner Legal Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Owner E-mail: _____

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

Please provide a paper copy of all the following documents with each application annually:

1. Approved Conditional Use Permit for said property
2. Approved State of Wisconsin Tourist Rooming House Lodging License issued by the FDL County Health Dept, pursuant to WI. Stat. 97.605 (Contact FDL County Health Dept. at 920-924-2410)
3. A completed Fond du Lac County Health Dept. Lodging Establishment Inspection report dated within one (1) year of the date of issuance or renewal.
4. Annual Inspection Report by the Town Building Inspector dated less than 180 days prior to the license issuance or renewal date.
5. WI Seller's Permit issued by the Department of Revenue.
6. Proof of current, required insurance coverage, which includes written confirmation by the insurer, showing knowledge that insured property is being used as a short-term rental.
7. Scalable floor plan showing, living spaces, designated sleeping areas, and bathrooms, including dimensions of each room.
8. Scalable site plan of parcel showing number and location of available, code compliant, onsite parking spaces, including dimensions.
9. Property Management Agreement (if applicable).
10. Fire Safet Checklist

Section E: Attestation and Signature

☐ I attest all information provided and the statements made in this application are true to the best of my knowledge.

☐ I certify that the tourist rooming house included in this permit, is in compliance with the provisions of the Town of Calumet, Tourist Rooming House Ordinance.

Preparers Name (printed): _____

Signature: _____ Date: _____

Tourist Rooming House Nuisance Response Plan by Operator

(Required per TRH Ordinance Standard # 28)

- a. Provide name, address and telephone number of the operator who will be available by telephone, and who will be responsible for promptly responding to or causing a prompt response to

a nuisance complaint arising out of the occupancy or use of the short-term rental by tenants. For the purposes of this requirement, a return telephone call to a complainant within 45 minutes of the initial complaint shall be deemed "prompt."

Name _____

Address _____

Phone Number _____

b. Additional contact information

Name _____

Address _____

Phone Number _____

Name _____

Address _____

Phone Number _____

c. All persons named above shall have the powers of an operator.

d. Describe the method of responding to or causing a response to a nuisance complaint, including, but not limited to the manner in which the complainant or complainants will be notified of the response and the method of documenting prompt responses and timely corrective action.

e. Describe the method of assuring timely corrective action to remedy the conditions that caused the nuisance complaint. For the purposes of this ordinance, "timely corrective action" shall include, at a minimum, a telephone call to the primary adult occupant of the short-term vacation rental within 30 minutes of the initial nuisance complaint.

THIS PAGE FOR OFFICIAL USE ONLY

FILE NUMBER _____

Application fee received \$ _____

Date fee received: _____

Received by: _____

Forwarded to Building Inspector Date: _____

APPROVED CONDITIONAL USE PERMIT INFO & CONDITIONS:

IN COMPLIANCE

NUMBER OF BEDROOMS = _____

YES NO

NUMBER OF BATHROOMS = _____

YES NO

SQ FT HABITABLE SPACE = _____

MAX OCCUPANCY ALLOWED = _____

YES NO

REQUIRED PARKING SPACES = _____

YES NO

APPROVED CONDITIONAL USE PERMIT CONDITIONS

1.

YES NO

2.

YES NO

3.

YES NO

4.

YES NO

I certify that the tourist rooming house included in this permit, is in compliance with the provisions of the Town of Calumet, Tourist Rooming House Ordinance and CUP conditions as listed above.

Town of Calumet Zoning Code Administrator

Printed Name: _____

Signature _____

Date: _____

Touristroominghousepermitapplication(rev5/2021) (revised 11/02/2022) (revised 7/26/2025)