



For Office Use only

Original Application Renewal Application

Hotel-Motel Fee \$100 LICENSE # _____

WI Seller's Permit # _____

Federal Employer Identification # _____

Owner/Operator Permit Application for Hotel/Motel

Licenses Valid July 1 – June 30

Property Information

Hotel/Motel Business: Owns or Leases Property (Circle One)

Parcel Number: _____

Physical Address: _____

Building Owner/Operator Name: _____

()

Phone

Owner/Operator Mailing Address: _____

Street

City

State

Zip

Lessee Name & Address: _____

Franchisor's Name & Address: _____

Owner/Operator Info

Corporation - Limited Liability Company – Partnership - Individual (Circle One)

Corporate/LLC/Partnership Name: _____

Officer/Member/Partner: _____

/ /
Date of Birth

| |
M | F

()
Phone

Street

City

State

Zip

Officer/Member/Partner: _____

/ /
Date of Birth

| |
M | F

()
Phone

Street

City

State

Zip

Officer/Member/Partner: _____

/ /
Date of Birth

| |
M | F

()
Phone

Street

City

State

Zip

Manager/Agent #1 Information

Name: _____

Last

First

Middle Initial

| |
M | F

/ /
Date of Birth

Home Address: _____

Street

City

State

Zip

Phone

Manager/Agent #2 Information

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

Home Address: _____
Street

City State Zip Phone

Have you or any other person listed on this application been convicted of any of the following:

a felony within the last 10 years? Yes No

a misdemeanor in the last 5 years? Yes No

For each **Yes** response provide the date of arrest, the nature of the offense and conviction information:

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

- Proof of Liability Insurance**
- Proof of Annual Permit Issued Under Sec. 254.64 Wis. Stats.**
- Proof of Waupaca County Health Inspection**
- Additional Information Requested by the City**

I understand this license may be denied or revoked for fraud, misrepresentation or false statement contained in the application, delinquent payments due to the City, 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 agree to inform the City Clerk within ten (10) days of any change in the information supplied in this application.

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 City Clerk.

I have received a copy of the Municipal Code and have indicated so by my initials. _____

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

FOR OFFICE USE ONLY		APPROVALS REQUIRED	
Police	_____/_____/_____ <small>date sent</small>	<input type="checkbox"/> Approve <input type="checkbox"/> Deny by _____	Reason Denied: _____
Fire	_____/_____/_____ <small>date sent</small>	<input type="checkbox"/> Approve <input type="checkbox"/> Deny by _____	Reason Denied: _____
Building Insp.	_____/_____/_____ <small>date sent</small>	<input type="checkbox"/> Approve <input type="checkbox"/> Deny by _____	Reason Denied: _____
Return to Clerk's Office			