



<b>OFFICE USE ONLY</b>	
DATE FILED:	_____
INITIALS:	_____
MUNI FINES DUE:	Yes No
OCC. PERMIT:	Yes No
CDI:	_____
ISSUED DATE:	_____

**YEARLY LODGING/ROOMING HOUSE**

**CLK040 (rev. 11/17)**  
CITY ORDINANCE 16.14

Fee: \$250.00 Expires: August 31, \_\_\_\_\_  New  Renewal

Licensee: \_\_\_\_\_ District #: \_\_\_\_\_  
CORPORATION, PARTNERSHIP, OR INDIVIDUAL

Trade Name (IF APPLICABLE): \_\_\_\_\_

Address of Premises to be Licensed: \_\_\_\_\_ District #: \_\_\_\_\_  
STREET ZIP

**1. Provide the following for sole proprietor and each partner or corporate officer:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ WI DL #: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ WI DL #: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ WI DL #: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ WI DL #: \_\_\_\_\_

**2. List On-Site Manager/Operator's:**

Full Name: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_ Phone: \_\_\_\_\_

**3. Date you wish to open for business: \_\_\_\_\_**

**NOTE:** All new establishments, or when there is a change of operator of an existing establishment, must be inspected before opening for business. A signed and dated report by an authorized housing inspector indicating that the establishment meets all City regulations is required before permit shall be issued.

\_\_\_\_\_  
Individual/Partner/Member Signature Date

\_\_\_\_\_  
Partner/Member Signature Date

\_\_\_\_\_  
Partner/Member Signature Date

\_\_\_\_\_  
Partner/Member Signature Date