

Marquette County Zoning
P.O. Box 21
Montello WI 53949

Municipal Code Chapter 35
**APPLICATION OF RESIDENT AGENT FOR
TOURIST ROOMING HOUSES**

Office: 608-297-3036
Fax: 608-297-7606
www.co.marquette.wi.us

For the period from July 1, 20__ to June 30, 20__
PERMIT FEE \$50.00

NOTICE: APPLICANT SHALL IMMEDIATELY NOTIFY THE MARQUETTE COUNTY ZONING OFFICE OF ANY CHANGE IN RESIDENCE OR INFORMATION REGARDING THE RESIDENT AGENT
The Resident Agent is the Contact Person authorized by the Owner of the Rental Property

An owner that meets the qualifications for a Resident Agent is not required to pay a fee or complete this application for a Resident Agent license.

To qualify as a resident agent the person must meet the following requirements:

1. Be an adult person residing in or within twenty-five (25) miles of the location of the tourist rooming house or a corporate entity with offices located within twenty-five (25) miles of the tourist rooming house that is the subject of the application.
2. Be authorized by the Owner to act as the agent for the Owner for: (i) the receipt of service of notice of violation of this Chapter's provisions, (ii) service of process pursuant to this Chapter, and (iii) to allow the County to enter property permitted under this Chapter for purposes of inspection and enforcement.
3. The applicant shall provide proof that he or she is insured for general liability for a commercial rental operation.

Resident Agent Full Name: _____

Residence Physical Address: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Resident Agent's Age: _____ Date of Birth: _____ Cell Phone No. (____) _____

Telephone No. (____) _____ Email: _____

Wisconsin Driver License / ID: _____ Expiration Date _____

* Please Provide Photo Copy of Driver's License/ID with application

The undersigned property owner making application for a resident agent for a premise, known as _____ in the Town of _____, Marquette County, Wisconsin
(Physical Property Address of Rooming House)

hereby appoints _____ as resident agent, to act for me with full authority and control
(Print resident agent's name or Management Company)

of the premise and of all business relative to Tourist Rooming House Rentals.

Property Owners Name: _____
(Print Property Owner Name)

Signature _____ Date _____
(Property Owner Signature)

ACCEPTANCE BY RESIDENT AGENT

I, _____, hereby accept this appointment as resident agent for
(Print resident agent's name or Management Company)
the above rental property and assume full responsibility for the operation of said property and will abide by all of the State of Wisconsin and Marquette County rules and regulations.

Signature _____ Date _____
(Resident Agent Signature)