

MARQUETTE COUNTY APPLICATION FOR TOURIST ROOMING HOUSE LICENSE PURSUANT TO MUNICIPAL CODE CHAPTER 35

Please submit application and payment to:
Marquette County Zoning
P.O. Box 21
Montello WI 53949
Due By June 30 of (Odd/Even) Years

For the period from July 1, 20__ to June 30, 20__

Payment due with application:

Original Application Fee:	\$ 200.00
Renewal Application Fee:	\$ 100.00
Public Hearing Fee:	\$ 300.00
Hardship Exception Application Fee:	\$ 500.00
Resident Agent Annual Fee:	\$ 50.00
Late Fee:	2 x Fee
Total Fee Due :	\$ _____

Wisconsin Seller's Permit Number: _____ - _____

Municipality Room Tax Permit Number: _____

Tri-County Consortium Tourist Rooming House ID: _____

Date of Lodging Establishment Inspection: _____

Licensee Name on above Permits: _____

Licensee Mailing Address: _____

City: _____ State: _____ Zip: _____

Liability Insurance Company: _____ Expiration Date: _____

Agent/Phone: _____ Policy Number: _____

Name of Property Owner: _____ Property Owner Telephone No.: (____) _____ - _____

Address of Property Owner: _____ City: _____ State: _____ Zip: _____ Email Address: _____ @ _____

Lodging Facility Physical Address: _____ Property Zoning: _____

Municipality: City Village Town of: _____ Parcel ID #: _____ - _____ - _____

RESIDENT AGENT (ON-SITE SUPERVISOR OR CONTACT PERSON)

Agent Name: _____ Telephone No.: (____) _____ - _____ Cell Phone No.: (____) _____ - _____

Address: _____ Email: _____ @ _____

Maximum Occupancy Worksheet

A. Number of full bathrooms x 6.....	<input style="width: 100%;" type="text"/>
B. Number of "9' x 18' " parking spaces x 4.....	<input style="width: 100%;" type="text"/>
C. Total square footage of Bedrooms & Living Rooms (< 150 = 0, 150 – 249 = 1, Add 1 for every 100 over 250.....)	<input style="width: 100%;" type="text"/>
TOTAL OCCUPANTS ALLOWED (Lowest of A, B, and C).....	<input style="width: 100%;" type="text"/>

The undersigned hereby makes application to operate a Tourist Rooming House in Marquette County. The undersigned agrees that all such activities shall be done in accordance with all the requirements of the Marquette County Code of Ordinances and all applicable laws, codes and regulations of the State of Wisconsin, and states that the above information is true to the best of his or her knowledge. Issuance of this permit is not to be construed as legal responsibility for the operation of a Tourist Rooming House on the part of Marquette County or its staff.

Signature: _____ Print Name: _____ Date: _____

The following must be attached to each application annually or no license will be issued:

- ** License for a tourist rooming house issued under S.S. 254.64 Wis. Stats.
- ** Complete Lodging Establishment Inspection Report
- ** Complete Fire Inspection Report (Dated within one year of application date) – If solid fuel fireplace or stove is present.
- ** Certificate of Insurance from Insurance carries for the License Period
- ** Floor Plan must include dimensions of all rooms & common areas, laundry facilities, restroom facilities
- ** Site Plan must include location, number of units, number of people per unit, and parking dimensions.
- ** Property Management Agreement if not managed by Owner
- ** Agent Information Form
- ** Certification from Municipality showing no room tax is due and owing