

## HEALTH DEPARTMENT

## LODGING AND TOURIST ROOMING HOUSE LICENSE APPLICATION

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www.appleton.org

100 North Appleton Street Appleton, WI 54911-4799

0	920-832-6429
	920-832-5853

## **EXPIRATION JUNE 30<sup>TH</sup> 2025**

Establishment Information				
Establishment Name	Establishment Address	City	Zip Code	
Establishment Contact Person	Establishment Phone	Establishment En	Establishment Email	
The current License must be poste	ed in the establishment.			
Licensee Information: Individual, F	Partnership, or Corporation to ho	ld this license.		
Licensee Name	Billing Address	City / State	Zip Code	
Licensee Contact Person/Agent	Licensee Phone	Licensee Email	Licensee Email	
Anticipated Start Date	Licenses <b>issued</b> April 1 <sup>st</sup> – June 30 <sup>th</sup> will remain effective until June 30 <sup>th</sup> of the following year.			

I certify that I am familiar with the Wisconsin Codes (the rules for the purpose of protecting public health and safety) and the above-described establishment will be operated and maintained in accordance with applicable regulations. https://docs.legis.wisconsin.gov/code/admin\_code/atcp/055

Print Applicant Name/Title	Applicant's Signature	Date

Activity Code	License Description	Fee
2	Pre-inspection Fee: Change of Owner / Operator	239.00
3	Pre-inspection Fee: New Establishment / Extensive Remodeling	364.00
70	Hotel: 30 Rooms or Fewer	364.00
71	Hotel: 31-99 Rooms	468.00
72	Hotel: 100-199 Rooms	572.00
78	Hotel: 200+ Rooms	676.00
6	Pre-inspection Fee: Tourist Rooming House	208.00
76	Tourist Rooming House	229.00
	Total Amount Due:	

Submit Application and Fee to: Appleton Health Department 100 N. Appleton Street Appleton, WI 54911-4799 Make check or money order payable: City of Appleton

Questions? Phone (920) 832.6429 Fax (920) 832.5853

INSPECTOR / OFFICE USE				
Signature of Inspector	Date	License Start Date	Establishment # or New	
E-Record / Scan / Mailed Date	Amount Paid	Check # / Cash	Expires June 30 <sup>th</sup> YEAR 20	