## TOURIST ROOMING HOUSE LICENSE APPLICATION



Submit application & payment to: **Appleton Health Department**Environmental Health

100 N Appleton Street

Appleton, WI 54911

p: 920.832.6429

www.appleton.org

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

Establishment Information							
Establishment Address	City	Zip Code	Listing Na	Listing Name/ Facility Name			
	APPLETON						
The current License must be posted in the establishment.							
The License is mailed to the Billing Address.							
Licensee Information: Individual, Partnership, or Corporation to hold this license.							
Licensee	Billing Address		City / State Zip Code		Zip Code		
Licensee Contact Person/Agent	Licensee Phone		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. <a href="https://docs.legis.wisconsin.gov/code/admin_code/atcp/055">https://docs.legis.wisconsin.gov/code/admin_code/atcp/055</a>							
Print Applicant Name/Title	9	D	ate				
License Description				Fee			
Pre-inspection Fee: Tourist Rooming House			208.00				
License Type: Tourist Rooming House			229.00				
Surcharge: Operating Without a License			312.00				
Make check or money order paya	ble: City of Applet	on <b>Total Amo</b>	unt Due:				

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