

Estab#	License Category:	Fee Processed:	Check#:
DATCP#	Effective Date:	Amount: \$	Acct.#: 320-00-43575
FOR OFFICE USE ONLY			

ENVIRONMENTAL HEALTH CONSORTIUM

CUDAHY, SOUTH MILWAUKEE & ST FRANCIS

SOUTH MILWAUKEE HEALTH DEPARTMENT

2424 15TH AVENUE

SOUTH MILWAUKEE, WI 53172

(414) 768-8055

FAX: (414) 768-5720



LODGING PERMIT APPLICATION

Please print or type. Submit completed application (signed and dated) and applicable fees to the address above.

Application is for: <input type="checkbox"/> New Establishment <input type="checkbox"/> Change of Operator <input type="checkbox"/> Remodel/Modification <input type="checkbox"/> Risk Change	
Establishment Name/DBA:	Establishment Telephone:
Establishment Address:	
Billing Street Address, City, State & Zip Code (if different than above):	
Primary Contact (Operator/Manager):	Primary Contact Telephone:
Primary Contact Email:	Fax:
Legal Entity (check one): <input type="checkbox"/> Sole Proprietor (Individual) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation/LLC* <input type="checkbox"/> Nonprofit Organization <i>*If licensed as a corporation, it must be registered with the State of Wisconsin Department of Financial Institutions.</i>	
Legal Licensee:	Legal Licensee Telephone:
Licensee Street Address, City, State & Zip Code:	
Name of Corporate Contact/Agent (if applicable):	
Corporate Contact/Agent Email:	Fax:

PLEASE CHECK THE APPROPRIATE CATEGORY

ESTABLISHMENT TYPE:	FEES		
	ANNUAL PERMIT	PRE-INSPECTION (New Establishment, C/O, Remodel)	PLAN REVIEW (New Establishments/Remodel)
<input type="checkbox"/> Tourist Rooming House – 1 to 4 rooms	\$229	\$214	\$81
<input type="checkbox"/> Hotel/Motel – 5 to 30 rooms	\$344	\$225	\$120
<input type="checkbox"/> Hotel/Motel – 31 to 99 rooms	\$445	\$256	\$156
<input type="checkbox"/> Hotel/Motel – 100 to 199 rooms	\$484	\$288	\$170
<input type="checkbox"/> Hotel/Motel – 200 or more rooms	\$551	\$318	\$190
<input type="checkbox"/> Bed & Breakfast – 8 or less rooms	\$177	\$132	\$85
CHECKS OR MONEY ORDERS MADE OUT TO: CITY OF SOUTH MILWAUKEE			Total: \$

Signature of Licensee

Today's Date