



YEARLY TRANSIENT/ SHORT TERM LODGING APPLICATION

LICENSE FEE: \$200

License Period runs from Jan 1-Dec 31 of each year Date of Application: _____

PROPERTY OWNER INFORMATION / APPLICANT INFORMATION

Property Owner Name: _____ FEIN #: _____
 Property Owner Address: _____ Phone: _____

If the owner is a business please select type and list all owners below. Individual Partnership LLC Corporation

Owners and Property Manager Contacts-Please list names and addresses of all owners and /property manager/agents contact information.

<u>Name:</u>	<u>Address:</u>	<u>Phone:</u>	<u>Email:</u>
Designated Agent:			

TRANSIENT PROPERTY INFORMATION

Property Address in the Village of Pewaukee: _____
 Premise Description (what area being rented): _____
 State of Wisconsin Tourist Rooming House License Number: _____

REQUIRED ITEMS/RESPONSES (FILL IN AND INITIAL BELOW)

I certify that I have acknowledged and completed the following (please fill in blanks and initial to the left once completed):

- Included a copy of the Department of Agriculture, Trade and Consumer Protection tourism house license is attached, as defined in WI § 97.01 (15k).
- Included a sketch of where screened refuse containers will be located.
- Number of sleeping quarters: _____ (sleeping quarters shall be located within the principal structure on the lot.)
- The property as listed above complies with the [Wisconsin Administrative Code ATCP 72](#)
- A minimum of one off-street parking stall for every guest bedroom is required (with a minimum of 3 off street parking stalls). Included stalls on sketch.
- Property Owner / Property Manager (circle one) resides within 5 miles of the property listed above.
- Number of maximum occupants is _____. The maximum occupancy does not exceed the number of occupants allowed per the [ATCP 72.14\(2\)\(b\)](#) with the maximum not higher than 20 people.
- Please describe how the property boundaries are delineated: _____
- I confirm that there are working smoke and carbon monoxide detectors on each floor of the premises and in particular outside of the sleeping quarters.

SIGNATURE OF APPLICANT

I certify that I have read Village Ordinance Section 40.471 regarding Transient Commercial Lodging and [State of Wisconsin's Administrative Code \(ATCP\) Chapter 72](#). I certify that the answers and attachments to this application are true to the best of my knowledge. I understand that I must renew the Transient Commercial Lodging License every year at least 45 days before December 31 of each year and that the Fire Department, Police Department and Building Inspector will inspect the property and approve the premise for transient commercial lodging before any license will be granted. I hereby certify that the property meets the Ordinance Code and WI Admin Code requirements. I hereby designate the listed Designated Manager as an Agent for the purpose of accepting service of process in a civil action arising out of or in conjunction with the use of this License in the event I cannot, after reasonable efforts, be served personally. I understand that it is my responsibility to promptly report any changes to my responses to this application to the Village of Pewaukee as needed. I understand that if any of the information in this application is inaccurate/incomplete or if there are violations of the Village Ordinances that this license may be revoked.

Signature: _____ Date: _____

State of Wisconsin, County of: _____

This document was signed before me on this _____ day of _____, 20_____.

Notary Signature: _____ My Commission Expires _____

For Office Use: Reg Form Rec'd: _____ Staff Initials: _____ Paid: _____ Rec#: _____ Date Sent to Assoc. App: _____