

Estab#	License Category:	Fee Processed:	Check#
DATCP#	Effective Date:	Amount Paid: \$	Acct# 320-00000-43575
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



**PERMIT APPLICATION  
 LODGING**

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

Application is for:  New Establishment  Change of Operator  Remodel/Modification

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 <i>(new construction/change of operator/remodel)</i>	PLAN REVIEW <i>(new construction/remodel)</i>
<input type="checkbox"/> Lodging			
<input type="checkbox"/> Tourist Rooming House – 1 to 4 rooms	\$252.00	\$236.00	\$89.00
<input type="checkbox"/> Hotel/Motel – 5 to 30 rooms	\$361.00	\$236.00	\$126.00
<input type="checkbox"/> Hotel/Motel – 31 to 99 rooms	\$467.00	\$269.00	\$164.00
<input type="checkbox"/> Hotel/Motel – 100 to 199 rooms	\$508.00	\$302.00	\$179.00
<input type="checkbox"/> Hotel/Motel – 200 or more rooms	\$579.00	\$334.00	\$200.00
<input type="checkbox"/> Bed & Breakfast – 8 or less rooms	\$186.00	\$139.00	\$89.00

CHECKS OR MONEY ORDERS MADE OUT TO: **CITY OF SOUTH MILWAUKEE**

Total Due: \$

Signature of Licensee

Date