

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		
LODGING	ANNUAL PERMIT	PRE-INSPECTION (new construction/change of operator/remodel)	PLAN REVIEW (new construction/remodel)
<input type="checkbox"/> Tourist Rooming House – 1 to 4 rooms	\$265.00	\$248.00	\$93.00
<input type="checkbox"/> Hotel/Motel – 5 to 30 rooms	\$379.00	\$248.00	\$132.00
<input type="checkbox"/> Hotel/Motel – 31 to 99 rooms	\$490.00	\$282.00	\$172.00
<input type="checkbox"/> Hotel/Motel – 100 to 199 rooms	\$533.00	\$317.00	\$188.00
<input type="checkbox"/> Hotel/Motel – 200 or more rooms	\$608.00	\$351.00	\$210.00
<input type="checkbox"/> Bed & Breakfast – 8 or less rooms	\$195.00	\$146.00	\$93.00

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

Total Due: \$

Signature of Licensee

Date