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License Category:		License Date:	Check#:
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## ENVIRONMENTAL HEALTH CONSORTIUM

CUDAHY • SOUTH MILWAUKEE • ST FRANCIS



## PERMIT APPLICATION LODGING

SOUTH MILWAUKEE HEALTH DEPARTMENT

2424 15TH AVENUE

SOUTH MILWAUKEE, WI 53172

PH (414) 768-8055 · FAX (414) 768-5720

EHCLicensing@smwi.org · www.smwi.org

*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  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:		
WI Seller's Permit Number:	Name as it appears on Seller's Permit:		
Operation: <input type="checkbox"/> Year-Round <input type="checkbox"/> Summer Season <input type="checkbox"/> Winter/School Season		Hours: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening <input type="checkbox"/> Weekend	
# of Occupants:	# of Sleeping Rooms:	# of Bathrooms:	# of Kitchens:
			# of Stories:

### PLEASE CHECK THE APPROPRIATE CATEGORY

ESTABLISHMENT TYPE:	FEES		
LODGING	ANNUAL PERMIT	PRE-INSPECTION (new construction/change of operator or risk/renovation)	PLAN REVIEW (new construction/renovation)
<input type="checkbox"/> Bed & Breakfast – 8 or less rooms	\$ 205.00	\$ 153.00	\$ 98.00
<input type="checkbox"/> Tourist Rooming House – 1 to 4 rooms	\$ 278.00	\$ 260.00	\$ 98.00
<input type="checkbox"/> Hotel/Motel – 5 to 30 rooms	\$ 398.00	\$ 260.00	\$ 139.00
<input type="checkbox"/> Hotel/Motel – 31 to 99 rooms	\$ 515.00	\$ 296.00	\$ 181.00
<input type="checkbox"/> Hotel/Motel – 100 to 199 rooms	\$ 560.00	\$ 333.00	\$ 197.00
<input type="checkbox"/> Hotel/Motel – 200 or more rooms	\$ 638.00	\$ 369.00	\$ 221.00

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

Signature of Licensee X

Today's Date X

## DETAILS OF OPERATION

Water supply provided:	<input type="checkbox"/> Public	<input type="checkbox"/> Private	<input type="checkbox"/> Other:
Waste disposal provided:	<input type="checkbox"/> Public	<input type="checkbox"/> Private	<input type="checkbox"/> Other:
Carbon monoxide detectors installed and functioning?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Smoke/fire detectors installed and functioning?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Door locks installed and functioning?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Register of Guests available and current?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Will food or beverages be prepared and/or sold?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Are you applying for an alcohol beverage license?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Is there access to a pool or spa?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Have you had a lodging license previously?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If "Yes", How long ago? _____
Have you ever had a lodging license suspended or revoked?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
<i>If "Yes", please describe briefly:</i>			
Do you have or will require a variance?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
<i>If "Yes", please describe briefly:</i>			

## FOOD PROCESSING

Will any food processing be done?  No  Yes

*Processing is defined as assembling, grinding, cutting, mixing baking, coating, stuffing, packing, bottling, grilling, canning, extracting, fermenting, distilling, pickling, freezing, drying, smoking, or packaging*

*If "Yes", Check the types of food items*

Snacks & Beverages

*Includes, but is not limited to, ice cream/soft serve, lemonade, snow cones, coffee, espresso, cappuccino, tea, fruit juice, smoothies, candy, dispensed soda, fruit cups, bakery, cookies, popcorn, kettle corn, cotton candy, funnel cakes, fritters, tortilla chips w/cheese*

Meals

*Includes, but is not limited to, chicken, ribs, sandwiches, roasted corn, baked potatoes, hot dogs, brats, tacos, nachos w/ cheese and meat, French fries, cooked or deep fried vegetables/fruit, cooked cheese curds, corn dogs, egg rolls, salads*

Will any hazardous foods be sold?  No  Yes

*Hazardous foods require temperature control (includes dairy products such as milk, cheese, and ice cream, fish, shellfish, meat, poultry)*

*If "Yes", List the types of food items:*

## CONSTRUCTION OR CHANGES

Are you planning any construction, remodeling or equipment changes?  No  Yes

*If "Yes", check all that apply:*  New construction  Renovation or remodeling interior  
 Changes to construction  Equipment changes

Provide a brief description of the changes:

Name, Address & Phone Number for Architect:

Name, Address & Phone Number for Contractor: