

Estab#	DATCP#	Date Processed:	Amount Paid: \$
License Category:		License Date:	Check#:
FOR OFFICE USE			Acct#: 320-00000-43575

# 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 <small>*If licensed as a corporation, it must be registered with the State of Wisconsin Department of Financial Institutions.</small>			
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: ☐ Public ☐ Private ☐ Other:

Waste disposal provided: ☐ Public ☐ Private ☐ Other:

Carbon monoxide detectors installed and functioning? ☐ No ☐ Yes

Smoke/fire detectors installed and functioning? ☐ No ☐ Yes

Door locks installed and functioning? ☐ No ☐ Yes

Register of Guests available and current? ☐ No ☐ Yes

Will food or beverages be prepared and/or sold? ☐ No ☐ Yes

Are you applying for an alcohol beverage license? ☐ No ☐ Yes

Is there access to a pool or spa? ☐ No ☐ Yes

Have you had a lodging license previously? ☐ No ☐ Yes If "Yes", How long ago? \_\_\_\_\_

Have you ever had a lodging license suspended or revoked? ☐ No ☐ Yes

If "Yes", please describe briefly:

Do you have or will require a variance? ☐ No ☐ Yes

If "Yes", please describe briefly:

## 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 chees 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: