

City of Wisconsin Dells

Application for: Mobile Home Park License

Date Submitted: _____ Fee: \$350.00 First 25 Sites or less _____ Receipt No. _____
\$ 25.00 Each Additional Site

Name of Applicant: _____

Address of Applicant: _____

Daytime Telephone Number: (____) _____

Evening Telephone Number: (____) _____

Driver's License Number: _____ State: _____

Legal Description/Address of the Park: _____

On-Site Manager's Name: _____

On-Site Manager's Address & Lot Number: _____

On-Site Manager's Telephone Number: _____

***A complete site plan must be attached to the application.**

Signature of Applicant

License subject to compliance with Wisconsin Dells Code Section 16.03

Date Approved: _____ Conditions (if any): _____

Date Denied: _____ Reason(s): _____

* License valid from _____, 20__ through _____, 20__

Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license.