## **CITY OF WISCONSIN DELLS LICENSE APPLICATION FOR: SEASONAL WORKFORCE HOUSING FACILITY**

APPLICANT: Name of Applicant:		Owner o	of LLC/Corp:		
mail of Applicant: Phone #:					
LODGING FACILITY	: YEAR OF LICENSE	::	NEW APPLICATION	☐ RENEWAL APPLICATION	
Lodging Facility Address: Number of Sleeping Unit					
Zoning Classificatio	n:	(Fac	(Facilities in Residential Areas are grandfathered only)		
ON-SITE SUPERVISO					
			Phone #:		
Email Address:					
Manner in which tr	ie facility will be sup	pervised and maintain	ea:		
Signature of Applicant			Date cation form can delay the review process and/or be		
License subject to comp (1) Premises. No license which a license assessments or of (2) Persons. No person forfeiture resulting	pliance with Wisconsin nse or permit shall be gor permit is required ther financial claims of on who is delinquent ing from a violation of	rounds for denial of per Dells Code Section 4.15 & granted or renewed for the by any provision of thi the City, or any City utility in the payment of any taxe	rmit or license. 16.06 c operation of any trade, c Code, for operation are delinquent and unp es, assessments or other ty, shall be granted or	, profession, business or privilege, upon any premises which taxes aid. claims owed to the City, includin renewed any license for any tra	
		FOR OFFICE USE	ONLY:		
☐Utilities	Taxes	□A/R	🖵 Court	Parking	
Date of Inspection:		Recommendations (if	any): <u>See Inspection</u>	Report	
Date Reviewed by 0	Council for Approva	l/Denial:			
If Denied, Reason fo					
222,20001111				Rev 04	