

City of Wisconsin Dells

Application for
SEASONAL WORKFORCE HOUSING FACILITY LICENSE
O New O Renewal

Date From _____ to April 30, 20____ Fee \$_____ Receipt No. _____
(\$50 each for first 15 sleeping units; \$25 each add'l)

Applicant Name: _____

Applicant Address: _____

Telephone Number: _____

Lodging Facility Address: _____

Number of Sleeping Units: _____

Zoning Classification: _____
(Facilities in Residential Areas are grandfathered facilities only.)

Name & Telephone No. of On-Site Supervisor: _____

Manner in which the facility will be supervised and maintained: _____

Applicant's Signature

Date

License subject to compliance with Wisconsin Dells Code Section 16.06

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

FOR OFFICE USE ONLY

Date of Inspection: _____ Inspected by: _____

Recommendations: _____

Request for License Approved on _____, 20__ by the Common Council.

Request for License Denied on _____, 20__ by the Common Council.

Reason for Denial: _____