



OFFICE USE ONLY	
DATE FILED:	_____
INITIALS:	_____
MUNI FINES DUE:	Yes No
OCC. PERMIT:	Yes No
CDI:	_____
ISSUED DATE:	_____

**TEMPORARY LODGING/ROOMING HOUSE**

**CLK041 (rev. 11/17)**  
CITY ORDINANCE 16.14

Fee: \$50.00/30 Days Expires: \_\_\_\_\_ (30 DAYS FROM ISSUANCE)

Licensee: \_\_\_\_\_ District #: \_\_\_\_\_  
CORPORATION, PARTNERSHIP, OR INDIVIDUAL

Trade Name (IF APPLICABLE): \_\_\_\_\_

Address of Premises to be Licensed: \_\_\_\_\_ District #: \_\_\_\_\_  
STREET ZIP

1. Provide the following for **sole proprietor and each partner or corporate officer**:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ WI DL #: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ WI DL #: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ WI DL #: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ WI DL #: \_\_\_\_\_

2. List On-Site Manager/Operator's:

Full Name: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_ Phone: \_\_\_\_\_

3. Date you wish to open for business: \_\_\_\_\_

**NOTE:** All new establishments, or when there is a change of operator of an existing establishment, must be inspected before opening for business. A signed and dated report by an authorized housing inspector indicating that the establishment meets all City regulations is required before permit shall be issued.

\_\_\_\_\_  
Individual/Partner/Member Signature Date

\_\_\_\_\_  
Partner/Member Signature Date

\_\_\_\_\_  
Partner/Member Signature Date

\_\_\_\_\_  
Partner/Member Signature Date