



## LICENSE APPLICATION FOR HOTELS/MOTELS

|                                                                                                          |                                                                                                                                                                  |                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Please allow up to 60 days for processing.</b></p> <p>Licenses are valid from July 1 – June 30</p> | <p>Fees are non-refundable</p> <p><input type="checkbox"/> Original Application</p> <p><input type="checkbox"/> Renewal Application</p> <p>License No. _____</p> | <p>Date Received ___/___/___</p> <p>Application Fee: \$250.00</p> <p>Background Investigation Fee: \$7.00</p> <p>Receipt No. _____</p> <p>Fee is due at time of application submission</p> |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Required:** Wisconsin Seller's Permit No. \_\_\_\_\_ FEIN No. \_\_\_\_\_

| SECTION 1 – PROPERTY INFORMATION |                                                                                                                 |
|----------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Parcel No.:                      | Number of Hotel/Motel Rooms:                                                                                    |
| Physical Address:                | <p>Check One:</p> <p><input type="checkbox"/> Owns Property</p> <p><input type="checkbox"/> Leases Property</p> |
| Name of Business DBA:            | Property Phone:                                                                                                 |

| SECTION 2 – PROPERTY OWNER INFORMATION                                                                                                     |                       |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL |                       |
| Building Owner Name:                                                                                                                       | Building Owner Phone: |
| Building Owner Mailing Address:                                                                                                            |                       |
| Street                                                                                                                                     | City                  |
| State                                                                                                                                      | Zip                   |

| SECTION 3 – LESSEE INFORMATION                                                                                                             |               |
|--------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL |               |
| Lessee Name:                                                                                                                               | Lessee Phone: |
| Lessee Mailing Address:                                                                                                                    |               |
| Street                                                                                                                                     | City          |
| State                                                                                                                                      | Zip           |

| <b>SECTION 4 – HOTEL/MOTEL OPERATOR INFORMATION</b>              |      |       |                |
|------------------------------------------------------------------|------|-------|----------------|
| <i>Lessee Information, Owner Information, if no Lessee</i>       |      |       |                |
| Owner/Officer/Member/Partner Name:                               |      |       | Date of Birth: |
| <input type="checkbox"/> Male<br><input type="checkbox"/> Female | Last | First | Middle Initial |
| Phone:                                                           |      |       |                |
| Home Address:                                                    |      |       |                |
| Street                                                           |      | City  | State Zip      |

|                                                                  |      |       |                |
|------------------------------------------------------------------|------|-------|----------------|
| Officer/Member/Partner Name:                                     |      |       | Date of Birth: |
| <input type="checkbox"/> Male<br><input type="checkbox"/> Female | Last | First | Middle Initial |
| Phone:                                                           |      |       |                |
| Home Address:                                                    |      |       |                |
| Street                                                           |      | City  | State Zip      |

|                                                                  |      |       |                |
|------------------------------------------------------------------|------|-------|----------------|
| Officer/Member/Partner Name:                                     |      |       | Date of Birth: |
| <input type="checkbox"/> Male<br><input type="checkbox"/> Female | Last | First | Middle Initial |
| Phone:                                                           |      |       |                |
| Home Address:                                                    |      |       |                |
| Street                                                           |      | City  | State Zip      |

| <b>SECTION 5 – MANAGER INFORMATION</b>                           |      |       |                |
|------------------------------------------------------------------|------|-------|----------------|
| Manager/Agent Name:                                              |      |       | Date of Birth: |
| <input type="checkbox"/> Male<br><input type="checkbox"/> Female | Last | First | Middle Initial |
| Phone:                                                           |      |       |                |
| Home Address:                                                    |      |       |                |

**Application must be complete and legible. Your application will not be considered complete until the below required items have been submitted to the Clerk’s Office:**

- Proof of Liability Insurance**
- Proof of Annual Permit issued pursuant to Wis. Stat. 254.64 from Outagamie County Health**
- Proof of Outagamie County Health Inspection, certifying that the facility is in compliance**
- A copy of the Wisconsin Seller’s Permit**
- A copy of the Manager/Agent’s Driver License or State ID Card**
- Any additional information or documentation requested by the Town of Grand Chute**

**SECTION 6 – ACKNOWLEDGEMENT**

**By signing and initialing below you acknowledge that you have read the following statements:**

I understand that this application for a hotel/motel license may be denied and/or the hotel/motel license may be revoked or nonrenewed for fraud, misrepresentation, withholding information, or false statements contained in the application. \_\_\_\_\_ **Initials**

I understand that this application for a hotel/motel license may be denied and/or the hotel/motel license may be revoked or nonrenewed for delinquent payments due to the Town or violations of the Municipal Code of Ordinances, Health Department violations, or Wisconsin Statutes.  
\_\_\_\_\_ **Initials**

Under penalty of law, I swear that the information provided in the application is true and correct to the best of my knowledge. I agree to inform the Town Clerk or designee, within ten days of any change in the information supplied in this application. \_\_\_\_\_ **Initials**

I further understand that if the property or business exchanges ownership, or there are new officers in the Corporation, LLC, or Partnership, a new application must be submitted to the Town Clerk. \_\_\_\_\_ **Initials**

I further acknowledge that I have read and understand Chapter 315 *Hotels and Motels* of the Grand Chute Municipal Code. \_\_\_\_\_ **Initials**

I further acknowledge that I have read and understand Chapter 57-4 *Room Tax* of the Grand Chute Municipal Code. I understand that room tax payments must be received **by the due date** (not postmarked) or a forfeiture will be assessed equal to 25% of the entire room tax that was due from the owner/operator to the Town for the previous year or \$5,000 whichever less. Additionally, there will be a 1% penalty applied per month on the unpaid balance. \_\_\_\_\_ **Initials**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Print Title: \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| <p><i>For office use only:</i>   <input type="checkbox"/> Background Check Completed</p> <p>Licensing Committee: ___/___/___   <input type="checkbox"/> Recommend Approval   <input type="checkbox"/> Recommend Denial</p> <p>If recommended for denial, indicate reason: _____</p> <p>Town Board: ___/___/___   <input type="checkbox"/> Approval   <input type="checkbox"/> Denial</p> <p>If denied, indicate reason: _____</p> |
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