

APPLICATION FOR HOTEL/MOTEL LICENSE

CITY OF PEWAUKEE, WAUKESHA COUNTY, WISCONSIN

The undersigned hereby makes application for a license to operate a hotel/motel at the premises described below from July 1, 20____ to June 30, 20____ unless sooner revoked:

NAME OF ESTABLISHMENT _____

ADDRESS _____

MANAGER'S NAME _____ PHONE # _____

APPLICANT (FRANCHISE HOLDER) NAME _____

APPLICANT ADDRESS _____

APPLICANT BUSINESS PHONE _____ EMERGENCY # _____

IF CORPORATION, LIST NAMES AND ADDRESSES OF PRINCIPAL OFFICERS:

Print Name	Address	City, State, Zip
------------	---------	------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NAME OF CORPORATION _____

NUMBER OF INDIVIDUAL SLEEPING ROOMS (SUITES) _____

NUMBER OF DINING/FOOD/BEVERAGE ROOMS _____

NUMBER OF CONFERENCE ROOMS _____

Applicant agrees that if license is granted, license is subject to all Wisconsin State laws, municipal laws, resolutions, ordinances and regulations affecting the operation of hotels/motels.

DATE OF APPLICATION _____

SIGNATURE OF APPLICANT _____

\$25 FEE PAID _____ RECEIPT NO. _____

LICENSE NO. _____ DATE ISSUED _____

Please mail application and fee to:

City of Pewaukee Clerk/Treasurer
W240 N3065 Pewaukee Road
Pewaukee, WI 53072