

TAX KEY NUMBER: _____

_____ *Initial*

Applicant affirms their residential dwelling unit may not be rented for a period less than six (6) days or more than twenty-nine (29) days, and no more than 180 days within any consecutive 365-day period.

_____ *Initial*

DATE OF APPLICATION ____ / ____ / _____

APPLICATION TYPE: NEW RENEWAL

SIGNATURE OF APPLICANT _____

APPLICANTS MUST SUPPLY THE FOLLOWING DOCUMENTATION:

<input type="checkbox"/> Copy of Tourist Rooming House License from the State of Wisconsin	<input type="checkbox"/> Copy of Wisconsin Seller's Permit from the Wisconsin
<input type="checkbox"/> Copy of License from the Waukesha County Parks and Land Use – Division of Environmental Health	<input type="checkbox"/> Copy of completed State of Wisconsin Lodging Establishment Inspection form dated within one (1) year of such inspection
<input type="checkbox"/> Copy of Liability Insurance	<input type="checkbox"/> Diagram drawn to scale showing the location of buildings and the on-site, off-street parking area(s) designated for tenants and invitees.

Please mail or return application and \$160 licensing fee to:

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

FOR OFFICE USE:

TYPE OF INSPECTION:	COMPLETED BY:	DATE COMPLETED:	PASS	FAIL
Fire	_____	____ / ____ / _____	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Detector	_____	____ / ____ / _____	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide	_____	____ / ____ / _____	<input type="checkbox"/>	<input type="checkbox"/>
Building	_____	____ / ____ / _____	<input type="checkbox"/>	<input type="checkbox"/>
Electrical	_____	____ / ____ / _____	<input type="checkbox"/>	<input type="checkbox"/>
Health Inspection	_____	____ / ____ / _____	<input type="checkbox"/>	<input type="checkbox"/>
Sheriff's Department Report of Incidents	_____	____ / ____ / _____	<input type="checkbox"/>	<input type="checkbox"/>
Fees & Taxes Paid	_____	____ / ____ / _____	<input type="checkbox"/>	<input type="checkbox"/>

NOTES:

TAX KEY NUMBER: _____

LICENSE NO. _____ DATE ISSUED _____

FEES:	\$25.00 License Fee	<i>100-00000-44124</i>
	\$60.00 Building Inspection Fee	<i>100-00000-44300</i>
	<u>\$75.00</u> Fire Inspection Fee	<i>100-00000-46240</i>
	\$160.00 Total	