

Hotel/Motel License Checklist

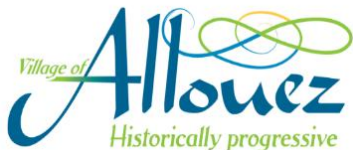
The following items are required at the time of application. Please print legibly and make sure all forms are completed:

File with the Clerk (in-person or by mail) the following:

- ☒ **Hotel/Motel License Application**
- ☒ **Proof of Liability Insurance**
- ☒ **Copy of Annual Health Permit issued by Brown County Health Department**
 - Rooms
 - Pool, if applicable
 - Food, if applicable
- ☒ **Copy of most recent Health Inspection Report from Brown County Health Department**
certifying that the facility is in compliance.
- ☒ **Copy of Wisconsin Seller's Permit**
- ☒ **Copy of Manager's Driver License or State ID Card**
- ☒ **Hotel/Motel License Fees**
 - Initial Licensing Fee: \$500.00
 - Renewal Fee: \$500.00
 - Late Filing Fee: \$150.00
 - Investigative Fee: \$7.00
 - (*Investigative fee is per sole proprietor, partner, officer, director, member, manager, agent, & operator of a sole proprietorship, partnership, corporation, or limited liability company)

§270-29. Violations and penalties; voluntary mitigation.

- A. It is unlawful to operate a hotel/motel without a valid license to operate or to fail to comply with any of the requirements established by this chapter. Violations of this chapter shall be subject to enforcement by any and all remedies listed in Village of Allouez Municipal Code. Furthermore, this chapter may be enforced by injunctive relief prosecuted through the Circuit Court for Brown County in the event the hotel/motel owner/operator fails to comply with directives to cease operations issued by Village officials declaring the hotel/motel to be in violation of this chapter.
- B. In addition to the foregoing remedies, owner/operators shall be subject to civil forfeitures of One Thousand dollars (\$ 1, 000. 00) per day for operating a hotel/motel without a license



Allouez Village Hall
1900 Libal Street, Green Bay, WI 54301
(920) 448-2800
www.villageofallouezwi.gov

HOTEL/MOTEL APPLICATION

- | | |
|---|--------------|
| ☐ ORIGINAL Application | \$500.00 fee |
| ☐ RENEWAL Application | \$500.00 fee |

OWNER/OPERATOR LICENSE APPLICATION FOR HOTEL/MOTEL PERMIT

HOTEL/MOTEL INFORMATION

Name of Business DBA: _____

Address of Business: _____

Phone No.: _____

WI Sellers Permit No.: _____

FEIN No.: _____ No. of Hotel/Motel Rooms: _____

☐ LEASE -or- ☐ OWN

Lessee Information ☐ Corporation ☐ LLC ☐ Partnership ☐ Individual

Corp/LLC/Partnership Name: _____

Phone No.: (____) ____ - _____

Mailing Address: _____

Owner Information ☐ Corporation ☐ LLC ☐ Partnership ☐ Individual

Corp/LLC/Partnership Name: _____

Phone No.: (____) ____ - _____

Mailing Address: _____

HOTEL/MOTEL OPERATOR INFORMATION

List all officers, members, or partners: *(attach separate piece of paper if more room is needed)*

Name	Phone No.	Email	Address

MANAGER INFORMATION

☐ COPY OF PHOTO ID MUST BE INCLUDED WITH APPLICATION

Name: _____ Phone No. (____) ____ - _____
(First, MI, Last)

Address (City, State, Zip): _____

Date of Birth: ____ / ____ / ____ Email: _____

ANSWER THE FOLLOWING QUESTIONS COMPLETELY:

Has anyone listed on the application ever been convicted of any felony, misdemeanor, ordinance, or other related offenses? ☐ **Yes** ☐ **No** (If yes, please list below)

Date of conviction, location of the Court in which the conviction took place and the nature of the offense:

***Include any current pending charges, false answers or omission of any information could lead to denial of license.*

<u>VIOLATION</u>	<u>DATE</u>	<u>LOCATION</u>

**REQUIRED
DOCUMENTS**

- ☐ **Proof of Liability Insurance**
- ☐ **Proof of Annual Permit Issued under Sec. 254.64 Wis. Stats. (Brown County Health Dept.)**
- ☐ **Proof of Brown County Health Inspection**
- ☐ **Wisconsin Seller's Permit**
- ☐ **Copy of Manager's Photo ID**

APPLICANT ACKNOWLEDGMENT

I understand that this license may be denied or revoked for fraud, misrepresentation or false statement contained in the application, delinquent payments due to the Village, or violations of the Code of Ordinances or WI State Statutes.

I understand that Room Tax Payments must be up to date in accordance with the Municipal Code. I also understand that the Room Tax payments must be received by the due date or there will be a one percent (1%) penalty applied per month on the unpaid balance. **Please initial** _____

I 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 Village Clerk.

I hereby certify that all statements on my application are true, complete, and to the best of my knowledge

Owner/Operator Signature: _____ **Date:** ____ / ____ / ____

Please Print Name and Title: _____

**Remit application & fees to: Clerk, Village of Allouez, 1900 Libal Street, Green Bay, WI 54301*

FOR OFFICE USE ONLY:

Application Fee: \$500.00 **From:** ____ / ____ / ____ **to** ____ / ____ / ____

Receipt No. _____ **Date** ____ / ____ / ____ **Permit No.** _____

Copy of ID ☐ **Record Check** ☐ **Property Taxes Paid** ☐ **Room Tax Current** ☐

Inspection Date: ____ / ____ / ____ **Inspection by:** _____

Date Approved: ____ / ____ / ____ **Approved by:** _____