

Wis. Stat. § 97.605

## License Application – Bed and Breakfast Establishment

Please mail application and payment to: Clark County Health Dept 517 Court St RM 105 Neillsville, WI

ESTABLISHME	ENT/DBA INFORM	ATION								
ESTABLISHMENT/DBA NAME:							COUNTY:			
ESTABLISHMENT STREET ADDRESS:			CITY:					STATE:	ZIP:	
LEGAL ENTITY INFORMATION - CHECK ONE										
Individual     Married Couple     Limited Liability C			company (LLC)			Limited Liability Partnership (LLP)				
Cooperative	Cooperative Partnership Limited Partnersh			ip (LP)			In what state is your entity registered?			
LEGAL ENTITY (such as name of sole proprietor, partnership, LLC, LLP, or Inc.):						COUNTY:				
LEGAL ENTITY MAIL		CITY:				STATE:	ZIP:			
LEGAL ENTITY EMAIL ADDRESS:						LEGAL ENTITY PHONE NUMBER:				
CONTACT PERSON INFORMATION										
CONTACT PERSON:						TITLE:				
EMAIL ADDRESS (Leave blank if same as above):						PHONE NUMBER (Leave blank if same as above): ( ) -				
FEES							FEE AMOUNT			
Bed & Breakfast \$421.00 ( \$121.00 License fee + \$300.00 Preinspection fee)										
TOTAL AMOUNT ENCLOSED: \$										
SIGNATURE - Please read carefully before signing										
Information requested on this application must be provided to obtain a Bed and Breakfast establishment license. Personal information you provide may be used for purposes other than that for which it was originally collected (Wis. Stat. § 15.04(1) (m)). Operating without a license is a violation of Wisconsin law. If you have been operating without a license, you will be required to pay an operating without a license fee in addition to the license fee. Licenses are not transferable between persons or locations. Licenses expire annually on June 30; unless issued after April 1, which will expire on June 30 of the following year. The license fee is not prorated for partial license years. The department may inspect premises at any reasonable time. Missing information may delay the issuance of your license. You cannot operate until the department issues a license. The undersigned hereby certifies that this is a true, complete, and accurate application for the Bed and Breakfast establishment license under Wis. Stat. § 97.605.										
Within 30 days after receiving a complete application for a license, the department or its agent shall either approve the application and issue a license or deny the application. If the application for a license is denied, the department or its agent shall give the applicant reasons, in writing, for the denial. A license shall not be issued to an operator without prior inspection.										
SIGNATURE – APPLICANT						DATE SIGNED				