



Town of Dekorrra

Tourist Rooming House License Application

(Per code of ordinance 6.10)

Valid: July 1, 20____ through June 30, 20____

Remit to:
Town of Dekorrra
PO Box 536
Poynette, WI 53955

Property Information:

Property Address:			
Parcel Number(s):	Section:	Town:	Range:
Current zoning:	Acres:		

Property Owner:

Name:	Phone number:
Mailing Address:	Cell Phone number:
City/State/Zip:	Email Address:
Number of Bedrooms:	Maximum Occupancy:
<input type="checkbox"/> 24-hour emergency contact	

Property Manager:

Name:	Phone number:
Mailing Address:	Cell Phone number:
City/State/Zip:	Email Address:
<input type="checkbox"/> 24-hour emergency contact	

Initial	Required Attachments
	State of Wisconsin Tourist Rooming House License
	State of Wisconsin Seller's Permit issued by the Wisconsin Department of Revenue
	Narrative of proposed use per Town of Dekorrra Ordinance 6.10(5)(B)
	Site Plan per Town of Dekorrra Ordinance 6.10(5)(C)
	Fee per current Town of Dekorrra fee schedule
	Rental schedule from previous year or if new, proposed calendar.
	1 st time applicants must provide proof of date property was acquired.

I hereby certify that all information submitted is true and accurate to the best of my knowledge and understanding and shall abide by all terms the Town of Dekorrra Code of Ordinance 6.10. I also understand that failing to do so may result in revocation of the license.

Signature: _____ Date: _____

<p>For Office Use Only</p> <p>_____ Date Completed Application is received by Clerk</p> <p>_____ Date Fee Paid (Amount \$_____, Check No. _____)</p> <p>_____ Date Presented to Board</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ Date License Issued</p>	<p>Comments:</p>
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