

City of New Berlin
 3805 S. Casper Dr.
 New Berlin, WI 53151
 Phone: (262) 786-8610
www.NewBerlin.org



License Year: _____
 Total License Fees Due: **\$200**
Cash or check accepted only.
 (Checks payable to: City of New Berlin)

APPLICATION FOR YEARLY TRANSIENT/SHORT TERM LODGING LICENSE

◆ PROPERTY OWNER INFORMATION / APPLICANT INFORMATION

☞ In the event of an emergency, the Property Owner will be contacted first. If unable to reach, the Secondary Contact will be contacted.

Property Owner Name: _____ FEIN #: _____

Property Owner Address: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Email Address: _____

Secondary Contact: _____ Phone Number: _____

If the owner is a business, please circle business type and list all owners below. ♦ Individual ♦ Partnership ♦ LLC ♦ Corporation

Designated Agent: _____

Owners & Property Manager Contacts

Name:	Address:
Phone #:	Email:
Name:	Address:
Phone #:	Email:
Name:	Address:
Phone #:	Email:
Name:	Address:
Phone #:	Email:

◆ TRANSIENT PROPERTY INFORMATION

Property Address in the City of New Berlin: _____

Premise Description (what area is being rented): _____

State of Wisconsin Tourist Rooming House License # _____

◆ REQUIRED ITEMS / RESPONSES (FILL IN AND INTIAL BELOW)

I certify that I have acknowledged and completed the following (please fill in blanks and initial to the left once completed):

- Included a copy of the Department of Agriculture, Trade and Consumer Protection tourism house license is attached, as defined in WI § 97.01 (15k).
- Include a sketch of where screened refuse containers will be located.
- Number of sleeping quarters: _____ (sleeping quarters shall be located within the principal structure on the lot.)
- The property as listed above complies with the [Wisconsin Administrative Code ATCP 72](#)
- A minimum of one off-street parking stall for every guest bedroom is required (with a minimum of 2 parking stalls). Included stalls on sketch.
- Number of maximum occupants is _____. The maximum occupancy does not exceed the number of occupants allowed per the ATCP 72.14(2)(b) with the maximum not higher than 20 people.
- Please describe how the property boundaries are delineated: _____
- I confirm that there are working smoke and carbon monoxide detectors on each floor of the premises and in particular, outside of the sleeping quarters.
- Proof of comprehensive general liability insurance, covering \$1,000,000.00.

◆ CERTIFICATION & SIGNATURE OF APPLICANT – MUST BE NOTARIZED!

I certify that I have read City Ordinance Section 152.24 regarding Transient Commercial Lodging and State of Wisconsin's Administrative Code (ATCP) Chapter 72. I certify that the answers and attachments to this application are true to the best of my knowledge. I understand that I must renew the Transient Commercial Lodging License every year at least 45 days before December 31 of each year and that the Fire Department, Police Department and Building Inspector will inspect the property and approve the premise for transient commercial lodging before any license will be granted. I hereby certify that the property meets the Ordinance Code and WI Admin Code requirements. I hereby designate the listed Designated Manager as an Agent for the purpose of accepting service of process in a civil action arising out of or in conjunction with the use of this License in the event I cannot, after reasonable efforts, be served personally. I understand that it is my responsibility to promptly report any changes to my responses to this application to the City of New Berlin as needed. I understand that if any of the information in this application is inaccurate/incomplete or if there are violations of the City Ordinances that this license may be revoked.

Signature: _____ Date: _____

State of Wisconsin, County of: _____

This document was signed before me on this _____ day of _____, 20____.

Notary Signature: _____ My Commission Expires _____

OFFICE USE ONLY: Date Application Received: _____ Initials: _____

Amount Paid: _____ Anticipated Council Date (if needed): _____ License No. Issued: _____

DATE PASSED INSPECTIONS: _____ Fire _____ Building Inspector RECOMMENDATION FROM: _____ Police

NOTES: _____
