

Hotel and Pool Application

Application Date: _____

Reason for application:	<input type="checkbox"/> New	<input type="checkbox"/> Change of Operator	<input type="checkbox"/> Other: _____
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Physical Business Location Information

Name: _____

Address: _____

City: _____	State: _____	Zip: _____
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Phone number: _____	Cell number: _____
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Email address: _____

Emergency contact name: _____	Emergency contact number: _____
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Corporate/Owner Information

Name: _____

Address: _____

City: _____	State: _____	Zip: _____
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Phone number: _____	Cell number: _____
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Email address: _____

License Types. Refer to fee schedule for license fees.

Hotel/Motel. Please check the box that applies.

<input type="checkbox"/> 1-30 rooms	<input type="checkbox"/> 31-99 rooms	<input type="checkbox"/> 100-199 rooms	<input type="checkbox"/> 200+ rooms
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Swimming Pool* (RPP). Please indicate number of each type of pool on property.

___ Cold Soak (<72°F)	___ Exercise	___ Mobile	___ Wading
___ Combination	___ Experimental	___ Swimming	___ Whirlpool
___ Diving	___ Lap	___ Therapy	

Water Attraction* (RWI). Please indicate number of each type of attraction on property.

___ Activity	___ Leisure River	___ Vortex	___ Zero Depth Entry
___ Interactive Play Attractions	___ Vanishing Edge	___ Wave	

Water Attraction*, with up to 2 pool slides/waterslides per basin (RWT). Please indicate number of each type of attraction on property.

___ Water Attraction, with up to 2 pool slides/waterslides per basin
___ Waterslide or Pool Slide, in excess of 2 per basin

Note: This section includes any pool with a slide that is not defined as a children’s slide per HFS 172.04 (8).

License Fee: \$ _____	Make checks payable to: City of Wauwatosa Submit To: Wauwatosa Health Department 7725 W. North Ave. Wauwatosa, WI 53213
Pre-Inspection Fee: \$ _____	
Total: \$ _____	

*Department of Commerce plan approval required for new/alterd/modified pools

I certify that I am familiar with and agree to comply with all state and local laws, ordinances, and regulations as required in the Wisconsin Food Code and Wauwatosa Municipal Code.

Signature: _____ Printed Name: _____ Date: _____

For office use only: <input type="checkbox"/> Approve <input type="checkbox"/> Deny
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