

### Bed and Breakfast 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.

**Bed and Breakfast.** Number of rooms: \_\_\_\_\_

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

\*Department of Commerce plan approval required for new/altered/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: \_\_\_\_\_

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