CITY OF STURGEON BAY
TOURIST ROOMING HOUSE
PERMIT APPLICATION

STAFF USE:

Permit Number: _____

Date Issued: _____

Valid Thru: _____

	Applicant/Agent	Legal Property Owner (If different)
Name		
Company		
Street Address		
City/State/Zip Code		
Daytime Telephone		
Fax No.		

(Check One) ☐ **New Permit** ☐ **Renewal Permit**

Street Address of TRH: _____

STATE OF WISCONSIN PERMIT NUMBERS:

Tourist Rooming House Permit Number: _____

Sales and Use Tax Number: _____

DOOR COUNTY TOURISM ZONE PERMIT NUMBER:

Room Tax Permit Number: _____

_____	_____	_____
Property Owner (Print Name)	**Signature**	**Date**
_____	_____	_____
Applicant/Agent (Print Name)	**Signature**	**Date**

CITY STAFF REVIEW — *City Clerk*

Comments:

_____

_____

_____

_____

Recommendation:

☐ **Approve**

☐ **Deny** ☐ **N/A**

_____

City Clerk

CITY STAFF REVIEW — *Police Department*

Comments:

_____

_____

_____

_____

Recommendation:

☐ **Approve**

☐ **Deny** ☐ **N/A**

_____

Police Dept. Representative

CITY STAFF REVIEW — *Community Development*

Current Zoning Classification: _____

Parcel ID Number : _____

Comments:

_____

_____

_____

_____

FINAL:

☐ **Approve**

☐ **Deny**

_____

Comm. Dev. Dept. Representative

IF DENIED:	_____	_____
WILL APPLICANT SEEK APPEAL FROM PC	DATE OF APPEAL	CHAIR SIGNATURE
☐ YES		
☐ NO	☐ OVERTURNED	☐ DENIED