

**APPLICATION FOR TRANSIENT LODGING HOTEL/MOTEL
LICENSE**

County of Washington, State of Wisconsin

FOR JULY 1, 20__ THROUGH JUNE 30, 20__

Fee - \$150.00

I hereby apply for a Transient Lodging Hotel/Motel License subject to the Village Code.

APPLYING AS:

INDIVIDUAL **PARTNERSHIP** **CORPORATION**

If applying as individual/partnership:

NAME _____

(Include Middle Initial)

ADDRESS _____

NAME _____

ADDRESS _____

If applying as corporation/LLC:

NAME OF CORPORATION/LLC _____

CORPORATE AGENT _____

(Include Middle Initial)

ADDRESS _____

BUSINESS TELEPHONE _____

TRADE/BUSINESS NAME _____

My signature certifies that all of my responses are true to the best of my knowledge. I also authorize the Jackson Police Department to obtain criminal history and driver record data pertaining to me from any federal, state, and/or local agency deemed necessary by the department. This release is executed as part of my application and it's understood that any information collected shall be used only in consideration of my application. If approved, my license will be issued and mailed within seven days of board approval.

Date: _____

Signature: _____

Print your name: _____