

APPLICATION FOR PERMIT TO OPERATE BED AND BREAKFAST ESTABLISHMENT

VILLAGE OF NEW GLARUS
GREEN COUNTY, WISCONSIN

PERMIT FEE: _____

APPLICATION DATE: _____

1. APPLICANT'S NAME: _____
ADDRESS: _____

2. ADDRESS OF BED & BREAKFAST IF DIFFERENT THAN #1:

3. NUMBER OF UNITS (ROOMS) TO BE AVAILABLE FOR OCCUPANCY: _____

4. NUMBER OF OFF-STREET PARKING STALLS AVAILABLE: _____

5. AGENT/RESIDENT MANAGER: (NAME) _____
(ADDRESS) _____

[Applicant is advised that he/she is required by §305-15(E)(1) of the Municipal Code of the Village of New Glarus to file with the Zoning Administrator, the name of the agent/resident manager of the Bed & Breakfast and updated five (5) days prior to a designated agent taking charge.]

6. TELEPHONE NUMBERS: PROPERTY OWNER: _____
BED AND BREAKFAST ESTABLISHMENT: _____
MANAGER: _____

7. WILL APPLICATION FOR SIGN PERMIT BE MADE? ___ YES ___ NO

8. APPLICANT IS ADVISED THAT THIS PERMIT MUST BE CONSPICUOUSLY DISPLAYED AT THE BED AND BREAKFAST ESTABLISHMENT.

9. THIS PERMIT SHALL BE VALID UNTIL TERMINATED BY THE ZONING ADMINISTRATOR AND SHALL BE VOID UPON THE SALE OR TRANSFER OF THE PROPERTY OWNERSHIP.

Signature of Applicant

APPLICATION RECEIVED: _____
SUBMITTED TO VILLAGE BOARD: _____
BOARD ACTION: approve / deny
DATE: PERMIT ISSUED: _____

Clerk-Treasurer

Section 305-15(E)(1)