

City of Sturgeon Bay

Tourist Rooming House

License Application

STAFF USE:	
License Number:	_____
Date Issued:	_____
Valid Thru:	June 30, _____

	Applicant/Agent	Legal Property Owner (if different)
Name		
Company		
Mailing Address		
City/State/Zip		
Daytime telephone		
Email		
Fax No.		

(Check one) New Permit Renewal Permit

Street Address of Tourist Rooming House: _____

Check if this is your primary residence

Previous use: Primary residence Long-term rental Short-term rental Other: _____

Parcel Number: _____ Number of rental units (\$100 fee per rental unit): _____

Sales and Use Tax Number (if applicable): _____

Door County Tourism Zone Permit Number: _____

IN ORDER FOR YOUR APPLICATION TO BE PROCESSED, YOU MUST SUBMIT:

- Proof of insurance on the property to be used as a Tourist Rooming House.
- A copy of your Tourist Rooming House license issued by the Wisconsin Department of Agriculture, Trade and Consumer Protection (WDATCP).
- \$100 check made out to the City of Sturgeon Bay FOR EACH RENTAL UNIT.

MUNICIPAL ZONING CODE 9.05: The owner/operator must reside within a ninety (90)-minute driving time of the tourist rooming house, as determined by an internet-based mapping program during periods in which the tourist rooming house is rented unless there is a valid management contract with a management company located within the ninety (90)-minute driving time referenced above.

Does the owner/operator reside within a ninety (90)-minute driving time of the tourist rooming house, as determined by an internet-based mapping program during periods in which the tourist rooming house is rented?

Yes No **If no, you must attach a management plan.**

Signature of Applicant

Date

CITY STAFF REVIEW – City Clerk

Comments: _____

City Clerk

CITY STAFF REVIEW – Police Department

Comments: _____

Police Dept. Representative

CITY STAFF REVIEW – Fire Department

Comments: _____

Fire Department Representative

CITY STAFF REVIEW – Community Development

Current Zoning Classification: _____

Parcel ID Number: _____

Comments: _____

Community Development Department Representative

Final:

Approve

Deny