



Waukesha County Department of Parks and Land Use *Division of Environmental Health*
515 W Moreland Blvd., Room AC260 Waukesha, WI 53188
Phone: 262-896-8300 Fax: 896-8298 Email: eh@waukeshacounty.gov

License Application – Bed and Breakfast

ESTABLISHMENT/DBA INFORMATION:				
ESTABLISHMENT/DBA NAME:			COUNTY:	
ESTABLISHMENT STREET ADDRESS:		CITY:		STATE: ZIP:
EMAIL ADDRESS:	ESTABLISHMENT PHONE NUMBER:	WATER SUPPLY: Public Private		SEPTIC: Public Private
Choose One:	<input type="checkbox"/> Plan Review Required – New Construction or Remodel;		<input type="checkbox"/> No Plan Review – Existing Facility	

LEGAL ENTITY INFORMATION – CHECK ONE				
<input type="checkbox"/> Individual	<input type="checkbox"/> Married Couple	<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Limited Liability Partnership (LLP)	<input type="checkbox"/> Corporation
<input type="checkbox"/> Cooperative	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership (LP)	In what state is your entity registered?	
LEGAL ENTITY (such as name of sole proprietor, partnership, LLC, LLP, or Inc.):				COUNTY:
LEGAL ENTITY MAILING ADDRESS:			CITY:	STATE: ZIP:
EMAIL ADDRESS:				LEGAL ENTITY PHONE NUMBER:

CONTACT INFORMATION			
CONTACT PERSON:	TITLE:	PHONE NUMBER:	EMAIL ADDRESS:

LICENSE FEES	
<input type="checkbox"/> Bed & Breakfast – Total Fee \$386 (\$257 Annual License Fee + \$129 One Time Pre-Licensing Fee)	
Total Amount Enclosed: \$	Check Number:

Please read carefully before signing

Information requested on this application must be provided to obtain a lodging establishment license. Personal information you provide may be used for purposes other than that for which it was originally collected (Wis. Stat. § 15.04(1) (m)). Operating without a license is a violation of Wisconsin Law. If you have been operating without a license, you will be required to pay an operating without a license fee in addition to the license fee. Licenses are not transferable between persons or locations. Licenses expire annually on June 30; unless issued after April 1, which will expire on June 30th of the following year. The license fee is not prorated for partial license years. The Department may inspect premises at any reasonable time. Missing information may delay the issuance of your license. You are not licensed to operate until the department conducts an inspection. The undersigned hereby certifies that this is a true, complete and accurate application.

SIGNATURE – APPLICANT: _____

DATE SIGNED: _____

Please mail application and payment to: Waukesha County Environmental Health

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