



**La Crosse County Health Department**  
**Environmental Health**

Phone: 608-785-9771, Web: [www.lacrossecounty.org/health](http://www.lacrossecounty.org/health)

Email: [environmental@lacrossecounty.org](mailto:environmental@lacrossecounty.org)

Wis. Stat. § 97.605

## License Application – Hotels, Motels, and Tourist Rooming Houses

Please mail application and payment to: La Crosse County Health Department, 300 4<sup>th</sup> Street North, 2<sup>nd</sup> Floor, La Crosse, WI 54601

ESTABLISHMENT/DBA INFORMATION			
ESTABLISHMENT/DBA NAME:		COUNTY:	
ESTABLISHMENT STREET ADDRESS:	CITY:	STATE:	ZIP:
LEGAL ENTITY INFORMATION – CHECK ONE			
<input type="checkbox"/> Individual	<input type="checkbox"/> Married Couple	<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Corporation
<input type="checkbox"/> Cooperative	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership (LP)	<input type="checkbox"/> Trust
LEGAL ENTITY (such as name of sole proprietor, partnership, LLC, LLP, or Inc.):			COUNTY:
LEGAL ENTITY MAILING ADDRESS:		CITY:	STATE: ZIP:
LEGAL ENTITY EMAIL ADDRESS:		LEGAL ENTITY PHONE NUMBER: ( ) -	
CONTACT PERSON INFORMATION			
CONTACT PERSON:		TITLE:	
EMAIL ADDRESS (Leave blank if same as above):		PHONE NUMBER (Leave blank if same as above): ( ) -	
LODGING NUMBER OF INDIVIDUALLY KEYED UNITS			FEE AMOUNT
<input type="checkbox"/> 1-4 – Tourist Rooming House	\$610.00 (\$310 Permit Fee + \$300 Pre-inspection Fee)		\$
<input type="checkbox"/> 5-30 - Rooms	\$876.00 (\$376.00 License fee + \$500.00 Preinspection fee)		\$
<input type="checkbox"/> 31-99 - Rooms	\$1,186.00 (\$486.00 License fee + \$700.00 Preinspection fee)		\$
<input type="checkbox"/> 100-199 - Rooms	\$1,496.00 (\$596.00 License fee + \$900.00 Preinspection fee)		\$
<input type="checkbox"/> 200 - Rooms	\$1,813.00 (\$713.00 License fee + \$1,100.00 Preinspection fee)		\$
<b>TOTAL AMOUNT ENCLOSED:</b>			\$

**Please read carefully before signing:**

Information requested on this application must be provided to obtain a Hotels, Motels, and Tourist Rooming Houses 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 may 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 30 of the following year. The license fee is not prorated for partial license years. The department or its agent may inspect premises at any reasonable time. Missing information may delay the issuance of your license. You cannot operate without a valid license issued by the Department or its agent. The undersigned hereby certifies that this is a true, complete, and accurate application for the Hotels, Motels, and Tourist Rooming Houses license under Wis. Stat. § 97.605.

**Within 30 days** after receiving a complete application for a license, the department or its agent shall either approve the application and issue a license or deny the application. If the application for a license is denied, the department or its agent shall give the applicant reasons, in writing, for the denial. A license shall not be issued to an operator without prior inspection.

SIGNATURE – APPLICANT

DATE SIGNED

For Office Use Only:

Sanitarian:	Permit Facility <input type="checkbox"/> Yes <input type="checkbox"/> No
Year:	HealthSpace ID Number:
Entered By:	Date: