



CITY OF WAUKESHA
CLERK TREASURER'S DEPARTMENT
 201 Delafield Street, Waukesha WI 53188
 City Hall Room 104
 Tel: (262) 524-3550 Fax: (262) 524-3888
www.waukesha-wi.gov

OFFICE USE ONLY! - RH
 Clerk Initials: _____
 O&L Date: _____

ROOMING HOUSE APPLICATION

Fee: \$50 plus \$15 per room

License year: January 1, 20 _____ – December 31, 20 _____

Owner Information

Owner's Full Name _____
 Owner's Home Address: _____
 City, State, Zip Code: _____ Contact Number: _____
 Email Address: _____

Manager Information

Manager's Name: _____
 Manager's Home Address: _____
 City, State, Zip Code: _____ Contact Number: _____

Rooming House Information

Name of Rooming House (if any): _____
 Street Address of Rooming House: _____
 City, State, Zip Code: Waukesha, _____ Rooming House Number: _____
 Numbers of Rooms: _____ Maximum Capacity: _____

Fees

Number of Rooms: _____ x \$15 per room = \$ _____ + application fee \$50 = _____
***Please make checks payable to: City of Waukesha and submit with this application. Total Due**

Agreement & Signatures

It is understood that the premises must meet all the requirements of the Building Department, Fire Department, Health Department, the Municipal Code and applicable provision of the Wisconsin Statutes and codes before the Common Council may consider granting a license to the operator. Rooming house applications must go in front of the Ordinance & License Committee as well as the Common Council before license can be issued.

 Signature of Owner _____ Date _____

 Signature of Manager _____ Date _____

Office Use Only!		
Date Inspections Sent: _____	Amount Paid _____	Initials _____
Building Dept. _____	Fire Dept. _____	Health Dept. _____