

APPLCIATION for TOURIST ROOMING HOUSE PERMIT

Town of Mercer, Iron County, Wisconsin
PO Box 149 Phone: 715 476-2403

Application Fee: \$ 50
Annual Tourist Rooming House Permit Fee: \$150

WI Seller's Permit (Tax) # _____ Iron Co. Health Dept. Permit # _____

Please Print Clearly

Owner Name: _____ Telephone: _____

Address: _____ City _____ St _____ Zip _____

Mailing Address: _____

Legal Description of Property: (include property tax Parcel number) _____

Street Address of Property: _____

Resident Agent: (must be a full time Mercer resident and a minimum of 21 years old)

Name: _____ Telephone: _____

Address: _____, Mercer WI 54547

Mailing Address: _____, Mercer WI 54547

- Attached: _____ Copy of filed Conditional Use Permit from Iron County
 _____ Copy of Rental Agreement for operation of Tourist Rooming House
 _____ Demonstration of adequate off-road parking
 _____ Verification resident agent 21 years of age or over
 _____ Commitment to attend Public Hearing to be held _____
 _____ \$150.00 Permit fee (payable when permit is approved by Town and County)

Acknowledgement: I hereby certify that all information contained herein is accurate to the best of my knowledge. I have read the Mercer Tourist Rooming House ordinance and agree to abide by the policies set therein.

_____ Date: ____/____/____

Signature of Applicant

The Town of Mercer has the right to accept or reject this application

Office use only

Fee paid: \$ _____ Date: ____/____/____ Permit #: _____

Annual Fee paid: \$ _____

Clerk, Town of Mercer