



Hales Corners Health Department
 5635 S. New Berlin Road
 Hales Corners, WI 53130
 (414) 529-6155
 (414) 529-6157 Fax

BED AND BREAKFAST APPLICATION

PLEASE PRINT

License Year: July 1, 20__ to June 30, 20__

| | |
|--|---------------------------------|
| Establishment Name | |
| Establishment Address | Establishment Telephone () |
| Legal Licensee (name of sole proprietor, partnership, LLC, LLP, corporation) | Fax Number () |
| Legal Licensee Address, City, State & Zip Code | Legal Licensee Telephone () |
| Name of Agent for the Corporation/Operator (if applicable) | |

| | Annual Fee | Pre-Inspection Fee |
|-----------------|------------|--------------------|
| Bed & Breakfast | \$110 | \$280 |

I hereby certify that all of the information given above is true and correct, and agree to comply with all laws, ordinances and regulations affecting the above food establishment if a license is granted me.

| | | |
|------------------------|-------|------|
| Signature of Applicant | Title | Date |
|------------------------|-------|------|

Person in Charge:

| | |
|--------------|--------------|
| Printed Name | Phone () |
| Email | Fax () |

Office Use Only:

Health Dept.: Approved Disapproved

Chief of Police: Approved Disapproved

 HD Signature

 PD Signature