

Parcel ID # _____

PERMIT # _____

**ONEIDA COUNTY
TOURIST ROOMING HOUSE
ANNUAL RENEWAL APPLICATION**
(applies to permits granted after 12/13/22)

Office use only: Photos to be scanned? Yes No
File name: _____

Oneida County Zoning
P.O. Box 400
Rhineland, WI 54501



Oneida County Zoning
Minocqua Branch Office
P.O. Box 624
Minocqua, WI 54548

Black ink only

1. Property owner's last name: _____ First: _____
2. Mailing address: _____ City: _____ State: _____ Zip: _____
3. Telephone number (_____) _____ Email: _____
4. Applicant's last name: _____ First: _____
5. Mailing address: _____ City: _____ State: _____ Zip: _____
6. Telephone number (_____) _____ Email: _____

7. Section: _____ Town: _____ Range: _____ Town of: _____
8. Site Address: _____

9. Oneida County Health Department Lodging License #: _____
10. Wisconsin Seller's Permit Number: _____ - _____ - _____
11. Town Room Tax Number (if applicable) _____
12. Name of licensed garbage hauler or private party responsible for weekly trash removal: _____
13. Has your resident agent changed from last year? NO (proceed to line 14) YES (complete page 2, Resident Agent Application)
14. Resident Agent Verification
 Last name: _____ First: _____ Email: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Resident Agent's 24 hour telephone number: (_____) _____ Email: _____

APPLICANT'S CERTIFICATION: The undersigned hereby applies for the above-described Tourist Rooming House/Administrative Renewal Permit and certifies that the information provided is complete, accurate, and will be completed in compliance with the requirements of §9.58 of the Oneida County Zoning and Shoreland Protection Ordinance and all other applicable ordinances and laws of the State of Wisconsin. The applicant understands that the issuance of this permit creates no legal liability, express or implied, on Oneida County and that failure to comply with the permit may result in suspension or revocation of this permit or other penalty.

Print name (applicant) _____ Date: _____

Signature (applicant) _____ Date: _____

OFFICE USE ONLY		
Zoning district:	Max Occupancy:	Rental Term:
Remarks and/or conditions of issuance:		
This application has been reviewed pursuant to ordinance dated:		
Fee: \$150.00		Receipt #:
Granted by: Zoning Director's signature (staff initials)		Issued date:
		Expiration date:

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Oneida County Zoning
P.O. Box 400
Rhineland, WI 54501

**ONEIDA COUNTY
Tourist Rooming House
Resident Agent Application**

Oneida County Zoning
Minocqua Branch Office
P.O. Box 624
Minocqua, WI 54548

Complete in black ink only

To qualify as a resident agent the person must meet the following requirements:

1. Be an adult person residing in or within a twenty-five (25) mile radius of the location of the tourist rooming house or a corporate entity with offices located within a twenty-five (25) mile radius of the tourist rooming house that is the subject of the application.
2. Be authorized by the owner to act as the agent for the owner for: (i) the receipt of service of notice of violation of this article's provisions, (ii) service of process pursuant to this article, and (iii) to allow the county to enter property permitted under this article for purposes of inspection and enforcement.

Resident agent's last name: _____ First: _____ MI: _____
 Mailing address: _____ City: _____ State: _____ Zip: _____
 Physical address: _____ City: _____ State: _____ Zip: _____
 Telephone number (_____) _____ Email: _____

Resident agent's travel distance from their residence or corporate office to the tourist rooming house: _____ miles.

RESIDENT AGENT DESIGNATION: The undersigned property owner, making application for a tourist rooming house located at _____ in the Town of _____, Oneida County, Wisconsin, hereby appoints _____ as resident agent, to act for property owner with full authority and control of the residence and of all business relative to the Tourist Rooming House Rental.

Print name (property owner) _____ Date _____

Signature (property owner) _____ Date _____

RESIDENT AGENT ACCEPTANCE OF APPOINTMENT: I, _____ hereby accept this appointment as resident agent for the above rental property and assume full responsibility for the operation of said property and the requirements of §9.58 - Tourist Rooming House of the Oneida County Zoning Ordinance and all other applicable ordinances and laws of the State of Wisconsin.

Print name (resident agent) _____ Date _____

Signature (resident agent) _____ Date _____