MARQUETTE COUNTY WISCONSIN

TOURIST ROOMING HOUSE LICENSE APPLICATION

PROPERTY INFORMATION	
Owner Name:	Property Name:
Mailing Address:	Property Address:
City, State, Zip Code:	City, State, Zip Code:
Phone:	Parcel ID Number: _____ - _____ - _____
Email:	Town of:

CONTACT PERSON	
Contact Name:	Company Name:
Contact Title:	Phone:
	Email:

RESIDENT AGENT (if required)	
Name:	Company Name:
Address:	Phone:
City, State, Zip Code:	Email:

FEES		Select All That Apply	Total
Initial Application	$400.00	☐	
Resident Agent (if required)	$100.00	☐	
Hardship Exception Application	$250.00	☐	
Public Hearing	$500.00	☐	
Biennial Renewal Application	$200.00	☐	
Renewal Late Fee (if submitted after deadline)	DOUBLE FEE	☐	
		Grand Total:	

Completed applications can be mailed, along with a check or money order, to:

Marquette County Zoning
77 W. Park St., Room 104
Montello WI 53949-9366

OR

Submitted via email to:
permits@marquettecountywi.gov

Cash, Check, or Credit Card Accepted

When paying with a credit card, you must include a receipt/confirmation number of payment with your completed application or forward the payment receipt via email to: permits@marquettecountywi.gov

Pay Online

For Department Use Only			
OCCUPANCY WORKSHEET		MAX. PERSONS ALLOWED	
FULL BATHROOMS	#____ X 6		A
SEPTIC SYSTEM	# OF BEDROOMS ____ X 2		B
LIVING SPACE			C
<150 sq.ft. = 0; 1st 150 sq.ft =1		(lowest of A, B and C)	
Each add. 100 sq.ft. =1; Excludes bathrooms, closets, kitchens, non-UDC floor space			

Date Received: _____ **Issued Date:** _____ **Renewal Date:** _____

The undersigned hereby makes application for the work described and located as shown herein. The undersigned agrees that all such work shall be done in accordance with all the requirements of Marquette County Zoning Ordinances and all other applicable ordinances of Marquette County and all applicable laws, codes, and regulations of the State of Wisconsin, and states that the above information is true to the best of their knowledge. Pursuant to Marquette County Zoning Ordinance 70.01(C)(E)(F), by applying for this license the undersigned grants permission for the Marquette County Zoning Department, its agents or assigns, to enter upon the premises and inspect the work to determine compliance with the zoning ordinances and the terms of this license. Applications must be filed by the owner of the tourist rooming house or by a previously licensed Resident Agent. Each applicant shall certify that the tourist rooming house, as the subject of the application, can meet the requirements set forth in Section 35.04(D). Any license issued under Chapter 35 is nontransferable. The holder of any license shall notify the Zoning Department in writing of any transfer of the legal control of any property covered by the license. The Marquette County Planning & Zoning Committe shall have the authority to place reasonable conditions on a license when necessary to meet the requirements of Ordinance, Section 35.15(C)(10), or Section 35.05(E) with regards to the matters set forth in Chapter 35.

Signature: _____

Print Name: _____

Date: _____

Signature: _____

Print Name: _____

Date: _____

ADDITIONAL REQUIREMENTS

List of items to be submitted in when you apply for a Tourist Rooming House License:

1. Completed Application Packet (including your floor plan and site plan).
2. Appropriate Fee (checks payable to Marquette County Zoning).
3. Proof of Insurance against personal injury and property damage for tourist rooming house rentals.
4. Copy of Wisconsin Department of Revenue Seller's Permit of Sales and Use Tax.
5. Copy of Lodging License issued by Marquette County Health Department or proof of application.
6. If applicable, copy of Property Management Agreement.
7. If applicable, current Inspection Report/Certification for any solid fuel fireplace used by renters.

    a. Certificate from a licensed commercial building inspector, fire inspector, or a verified statement from a reputable stove or fireplace sales/installer entity, dated not more than thirty (30) days prior to submission, certifying that the fireplace and chimney have been inspected and are in compliance with National Fire Prevention Association Fire Code Chapter 211 Standard for Chimneys, Fireplaces, Vents, and Solid Fuel-Burning Appliances

CERTIFICATION OF COMPLIANCE STATEMENT

Each tourist rooming house shall comply with the following minimum requirements.

Building/Structural:

* Sleeping rooms meet the requirements set forth in Wisconsin Administrative Code ATCP 72.14
* Each area and room designated or used for sleeping shall have at least one (1) means of exit to the exterior, by door or egress window. Basement areas designated or used for sleeping shall have at least two (2) exits to the exterior, by door or egress window. If a room does not meet these qualifications, a sign shall be posted notifying occupants that the room shall not be used for sleeping due to lack of egress.
* A safe, unobstructed means of egress leading to safe, open space at ground level.
* Functional smoke detectors and carbon monoxide detectors in accordance with the requirements of Chapter SPS 362 of the Wisconsin Administrative Code.
* A visible and accessible fire extinguisher that has passed a fire inspection dated not more than one (1) year before the date of issuance or renewal by the local fire department or equivalent inspector.
* Shall not have a wood or solid fuel burning stove or fireplace unless the owner provides a current certificate of inspection OR the applicant demonstrates that appropriate measures have been taken to block access to woodstove or fireplace.
* Shall not have a hibachi, gas-fired grill, charcoal grill, or any other similar devices used for cooking, heating, or any other purpose on any balcony, deck, or any overhanging structure or within ten (10) feet of any structure.

Compliance

* Shall have insurance against claims of personal injury and property damage for tourist rooming house rentals.
* Must pass a Lodging Establishment Health Inspection and has obtained a health license from the State of Wisconsin or its designee for operation as a tourist rooming house.
* Has an available Resident Agent as required under this licensing ordinance.
* Shall have a Wisconsin Department of Revenue Seller's Permit for sales and use tax.
* Neither the applicant, the property that is the subject of the application, nor any property owned by the applicant within the county, has outstanding taxes, fees, penalties, or forfeitures owed to the County or room tax due and owing to any local government entity.
* Has received the appropriate zoning designation, if required, under the County or other local zoning chapter.
* The property shall remain in compliance with all other Marquette County ordinances.

Environmental

* If the property is not served by a public sanitary sewer, a private onsite wastewater treatment system (POWTS) in full compliance with Chapter 74 of the Marquette County code must serve the property.
* Outdoor parking for overnight and day guests shall be limited to designated parking areas on the short-term rental property. In no event shall parking for short term rental occupants include spaces in any public street right-of-way or on any lawns or vegetated areas.
* The property shall not have any outside appearance indicating a change of use from surrounding residential uses.
* The property shall not have overnight occupancy of recreational vehicles, camper trailers and tents for short term rental purposes and outdoor overnight sleeping of occupants or guests of the tourist rooming house.

I, _____, hereby acknowledge the above listed items will be complied with during the entire time that the Marquette County Tourist Rooming House License, for which I am applying for, is in effect. I further acknowledge that it is my responsibility to notify the Marquette County Zoning office of any change in status of any condition or terms of said license as soon as practically possible.

Signature: _____ Date: _____

Owner or Resident Agent Signature

RESIDENT AGENT APPLICATION

As applicable under Marquette County Ordinance Chapter 35

An owner that meets the qualifications for a Resident Agent is not required to pay the fee for a Resident Agent contact. A Resident Agent is a local contact person authorized by the owner of the rental property.

QUALIFICATIONS

1. Be an adult person residing in or within twenty-five (25) miles of the location of the tourist rooming house or a corporate entity with offices located within twenty-five (25) miles 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 Chapter's provisions, (ii) service of process pursuant to this Chapter, and (iii) to allow the County to enter property permitted under this Chapter for purposes of inspection and enforcement.

RESIDENT AGENT INFORMATION	
Name:	Date of Birth:
Physical Address:	*WI Driver License/ID:
City, State, Zip Code:	Email:
Phone:	

* Please provide photocopy of Driver's License/ID with application.

The undersigned property owner making an application for a resident agent for the premise applied for on the Tourist Rooming House Application in Marquette County, Wisconsin hereby appoints _____ as resident agent, to act for me with full authority and control of the premise and of all business relative to tourist rooming house rentals.

Property Owner(s) Name(s): _____

Signature(s): _____ Date: _____

ACCEPTANCE BY RESIDENT AGENT

I, _____, hereby accept this appointment as resident agent for the premise and assume full responsibility for the operation of licensed property and will abide by all State of Wisconsin and Marquette County rules and regulations

Signature: _____ Date: _____

NOTICE: OWNER SHALL IMMEDIATELY NOTIFY THE MARQUETTE COUNTY ZONING OFFICE OF ANY CHANGE IN RESIDENCE OR INFORMATION REGARDING THE RESIDENT AGENT.

CERTIFICATION OF LOCAL MUNICIPALITY ROOM TAX COMPLIANCE

Property Owner Name: _____

Property Owner Mailing Address: _____

Property Address subject to this permit: _____

COMPLETED BY MUNICIPAL TREASURER

The Applicant listed above is applying for a Tourist Rooming House Permit as authorized under Marquette County Code of Ordinances Section 35.

I, _____, being the duly appointed Treasurer for the Town of _____, hereby attest that to the best of my knowledge, the above named owner has no outstanding Tourist Room Taxes due to this municipality.

_____ _____

Signature of Local Municipal Treasurer Date

Room Tax List per Municipality

Not all Townships have Adopted Ordinances and Resolutions to Collect Room Tax

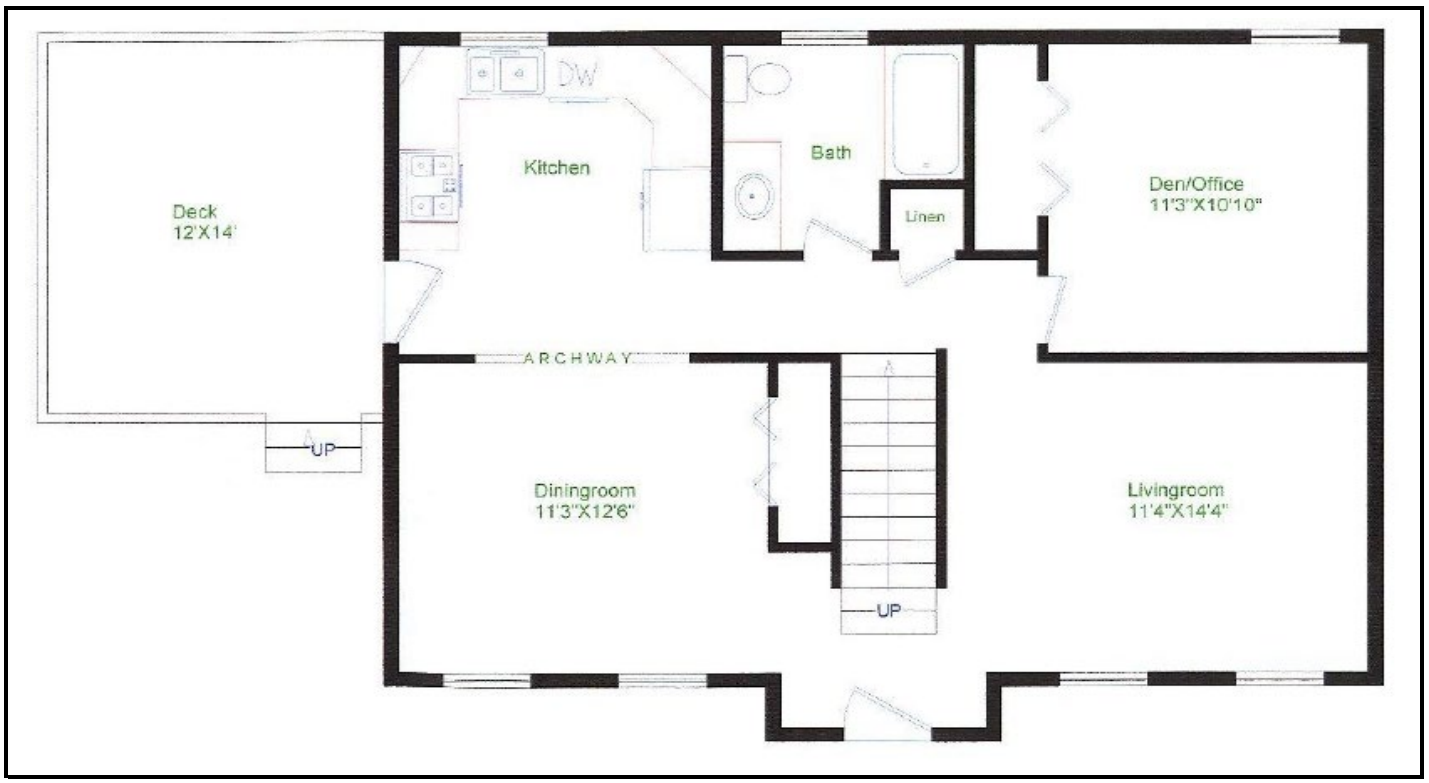
Those WITH Room Tax are:	**Those WITHOUT Room Tax are:**
Town of Buffalo	Town of Crystal Lake
Town of Douglas	Town of Moundville
Town of Harris	Town of Neshkoro
Town of Mecan	Town of Shields
Town of Montello	Town of Springfield
Town of Oxford	
Town of Newton	
Town of Packwaukee	
Town of Westfield	

The applicant is required to complete this form and then give to the local municipal treasurer for their signature. Applications submitted without the municipal treasurer's signature will be incomplete and sent back to the applicant.

EXAMPLES OF FLOOR AND PROPERTY PLOT PLANS

Floor Plan

1. Draw the floor plan of the dwelling to be used as a Tourist Rooming House and attach document(s) to application as needed.
2. Label and show dimensions of each room for all floors of the dwelling.



Plot Plan (Site as viewed from above)

1. Make a drawing of your property showing all buildings and attach document(s) to the application.
2. Show distances of buildings from centerline of all roads, all property lines and ordinary highwater mark (if applicable) from lakes, rivers, or streams.
3. Show location of the septic system and well on property.

