

TOURIST ROOMING HOUSE APPLICATION

CITY OF CUMBERLAND

TOURIST ROOMING HOUSE. The use of a single or two family dwelling for the purpose of providing or furnishing overnight lodging accommodations to the public for a period of less than one month to any person(s) who occupies the property on a rental basis.

OWNER INFORMATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE _____

WORK PHONE _____ CAN WE CALL YOU AT WORK? _____

ROOMING HOUSE INFORMATION

RENTAL ADDRESS _____

BARRON COUNTY DEPARTMENT OF HEALTH LODGING LICENSE DATE _____ EXPIRES _____

CITY OF CUMBERLAND PERMIT DATE _____ EXPIRES _____

NUMBER OF BEDROOMS/OCCUPANCY _____ GARBAGE COLLECTION PROVIDED YES NO

OFF STREET PARKING SPACES _____ POSTED OPERATIONAL RULES POSTED YES NO

CARE TAKER/MANAGER /AGENT

NAME _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ PHONE _____

The owner signature hereby authorizes the above agent to schedule inspections and to be present during all inspections. Owner Signature _____ Date _____

OWNERS SIGNATURE _____ **DATE** _____