

**CERTIFICATION OF §9.58
Tourist Rooming House Compliance Statement**

Owner/agent initial each line

- _____ A tourist rooming house license issued by the Oneida County Health Department under §97.605, Wis. Stats. must be obtained.
- _____ A Lodging Establishment Health Inspection performed by the Oneida County Health Department is required prior to commencing rental activities.
- _____ Local fire department or equivalent inspector shall perform a fire inspection.
- _____ A Wisconsin Department of Revenue Sales Tax Number (sellers permit) must be obtained.
- _____ A room tax permit from the local municipality (if applicable) must be obtained.
- _____ Personal injury and property damage insurance will be in force at all times while this permit is in effect.
- _____ The designated resident agent shall be available at all times while this permit is in effect.
- _____ Contact information of the resident agent shall be posted in a conspicuous location.

Additional Comments:

APPLICANT'S CERTIFICATION: The undersigned hereby applies for the above-described Tourist Rooming House/Administrative Review 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 (owner/agent) _____

Date: _____

Signature (owner/agent) _____

Date: _____