



APPLICATION FOR HOTEL/MOTEL PERMIT

January 1st through December 31st

Hotel/Motel Application Fee: \$15 (License fee is Non-Refundable)

Please Print Clearly

Full Name of Business: _____

Partnership

Corporation

LLC

If a corporation give name of State of incorporation: _____

Name of Business if DBA: _____

Name of Agent/Contact: _____

Agent Phone Number: _____ Business Phone Number: _____

Agent/Contact Email: _____

Address of Business _____

AUTHORIZED AGENT SIGNATURE

*Applicant may mail or drop off the application and fee to the Ripon City Hall, 100 Jackson St., Ripon, WI 54971.
Questions may be emailed to the City Clerk at nmiller@cityofripon.com or call 920-748-4915.*

Date received and filed with Municipal Clerk:	Cash, Check or Credit Card (Circle One)	Receipt Number:
Date application reviewed by City Administrator:	City Administrator Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Denied	City Administrator Initial:
License Number:	Date Issued:	Initial of Clerk/Deputy Clerk: