

# Village of Cassville

## Application for Tourist Rooming House Permit

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**Please Submit Payment and Application to:**

Village of Cassville  
Attn: TRH Application  
100 W Amelia Street, PO Box 171  
Cassville, WI 53806

**Fees:**

_____	Initial Application	\$100
_____	Annual Renewal	\$100
_____	Late Fee	\$50
<b>Total:</b>		_____

For the period of \_\_\_\_\_ 20\_\_\_\_, to June 30, 20\_\_\_\_

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Wisconsin DATCP TRH License Number: \_\_\_\_\_

Wisconsin DOR Seller's Permit Number: \_\_\_\_\_

Licensee Name on State Licenses: \_\_\_\_\_

Licensee Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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Name of Property Owner: \_\_\_\_\_

Address of Property Owner: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Name of Property Manager or Agent: \_\_\_\_\_

Address of Property Manager: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

WI Driver's License/ID: \_\_\_\_\_ Expires: \_\_\_\_\_

Property Address of Tourist Rooming House: \_\_\_\_\_

Number of Rental Units in Building (single/ duplex): \_\_\_\_\_ Onsite Parking Spaces: \_\_\_\_\_

Number of Bedrooms in each rental unit: \_\_\_\_\_ Maximum Occupancy in each rental unit: \_\_\_\_\_

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**The following must be attached to the application before it can be processed:**

- Wisconsin Department of Agriculture, Trade and Consumer Protection (DATCP) TRH License
- Wisconsin Department of Revenue Sales and Use Tax Permit
- Proof of Insurance (*including name of insurance company*)
- Floor Plan and Maximum Requested Occupancy
- Site Plan, including available onsite parking
- Copy of Property Rules for Tenants/Guests

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**For Village Use Only:** Application Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_