CITY OF CHILTON

42 School St.
Chilton, WI 53014
(920) 849-2451

PERMIT FOR BED & BREAKFAST

Person making application for Bed & Breakfast:

Applicant: _____

Address: _____

_____ **Phone:** _____

If Applicant is not owner, complete the following:

_____ **Phone:** _____

(Leasee, renter, manager, and/or proposed operator)

_____

(Complete Address)

Location/address of proposed Bed & Breakfast:

_____

Number of rooms you intend to rent as Bed & Breakfast: _____

No. of persons you intend to serve on a daily basis: _____

Number of Days you intend to use as Bed & Breakfast: _____

Do you intend to serve breakfast to guests: Yes _____ **No** _____

Do you intend to have exterior signage advertising your B & B?_____

If yes, state size & location of sign:

_____

_____

- Applicant agrees not to rent any room for longer than seven (7) consecutive days to any one individual. Applicant also agrees to provide a maximum of two (2) rooms for rent in their personal residence occupied by the owner at time of rental and the only meal served is breakfast. Establishment shall provide a register and require all guests to register their true names and addresses before being assigned sleeping quarters and the register shall be kept intact and available for inspection by the Building Inspector for at least one (1) year.

Signature of Applicant _____ Date_____

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(For Office Use Only beyond this line)
Comments by Building Inspector, if any: _____

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_____

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Date Inspected by Building Inspector: _____ Signature of Inspector_____