

New: _____ (Must submit plans & specs)

License Fee: _____

Renewal: _____

Invoice #: _____

**APPLICATION FOR MOBILE HOME PARK LICENSE
(\$100.00 for each 50 spaces)**

To the Common Council of the City of La Crosse:

1. APPLICANT:
Name: _____

Address: _____

2. MOBILE HOME PARK:
Name: _____

Address: _____

3. Number of lots in the Mobile Home Park: (MUST FILL IN #)

4. OWNER OF LAND: (*If the owner of the land is not the same as the operator of the Mobile Home Park, the verified statement from the owner of the land is required.)

Name: _____

Address: _____

The above hereby makes application for a Mobile Home Park License within the City of La Crosse pursuant to Chapter 107 of the Code of Ordinances of the City of La Crosse.

Signature of Applicant: _____ Date: _____

License Period: _____

***OWNER VERIFICATION**

The owner of the land for the Mobile Home Park known as _____
verifies that the applicant for the Mobile Home Park License _____
is authorized to construct or maintain the aforesaid Mobile Home Park and make the application for such
license.

Signature of Land Owner: _____ Date: _____

*Subscribed and sworn to before
me this _____ day of _____, 20_____*

Notary Public

County, Wisconsin
My Commission expires: _____

OFFICE USE ONLY: Customer #: _____ Granted: _____ License #: _____

PERSONAL DATA SHEET
(PLEASE PRINT ALL INFORMATION)

Each Officer AND Manager/Person in Charge must complete all the information and must indicate if they have been convicted of any of the following within the last ten (10) years: a felony, a misdemeanor, a statutory violation punishable by forfeiture or a county or municipal ordinance violation. If none, write "none".

Name of Manager/Person in Charge: _____
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: _____
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: _____ Home Phone: _____ Daytime Phone: _____

Violations: _____

Name of Officer: _____
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: _____
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: _____ Home Phone: _____ Daytime Phone: _____

Violations: _____

Name of Officer: _____
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: _____
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: _____ Home Phone: _____ Daytime Phone: _____

Violations: _____

Name of Officer: _____
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: _____
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: _____ Home Phone: _____ Daytime Phone: _____

Violations: _____

Name of Officer: _____
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: _____
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: _____ Home Phone: _____ Daytime Phone: _____

Violations: _____
