



APPLICATION FOR CITY OF WEST ALLIS  
**MANUFACTURED AND  
 MOBILE HOME COMMUNITY LICENSES**  
 July 1, **2018** to June 30, **2019**

<input type="checkbox"/> Renewal	<input type="checkbox"/> New
BC/Application No. _____	
License No. _____	
Granted _____	
Denied _____	
Placed on File _____	
Issued _____	

Application is made for a MANUFACTURED AND MOBILE HOME COMMUNITY LICENSE under the terms and provisions of Section 9.21 of the Revised Municipal Code of the City of West Allis. City's website [www.westalliswi.gov](http://www.westalliswi.gov).

Clerk's Office: Inspection sheets to:  BINS  FIRE DEPT.  POLICE  HEALTH DEPT.  PP  RE  RIGHT TO PREMISES (NEW)

**I. GENERAL INFORMATION** – New applicants need right of premises approval by City Attorney.

Business Trade Name: \_\_\_\_\_  
 (Doing Business As)

Address of Mobile Home Park (including zip code):  
 \_\_\_\_\_

Business Phone No.: \_\_\_\_\_ Number of Mobile Home Lots: \_\_\_\_\_

**II. BUSINESS INFORMATION:**

Applicant Is:  Individual  Partnership  Corporation  LLC

Name (if Individual or partners) \_\_\_\_\_

Corporation/LLC Name (as registered with WI Dept. of Financial Institutions):  
 \_\_\_\_\_

Federal Employer Identification Number \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Driver's License/State ID # (if individual)  
 [ ][ ][ ][ ] - [ ][ ][ ][ ] - [ ][ ][ ][ ] - [ ][ ]

**III. REGISTERED AGENT AND PRINCIPAL OFFICER INFORMATION**

**Registered Agent**

Name \_\_\_\_\_

Complete Address \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Driver's License/State ID #:

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**Officer**

Name \_\_\_\_\_

Complete Address \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Driver's License/State ID #:

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**Officer**

Name \_\_\_\_\_

Complete Address \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Driver's License/State ID #:

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**Officer**

Name \_\_\_\_\_

Complete Address \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Driver's License/State ID #:

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**Contact Person for the manufactured and mobile home community**

Name \_\_\_\_\_

Complete Address \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Driver's License/State ID #:

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**Attach** a scale drawing that must accompany every application of the manufactured and mobile home community prepared by a registered professional engineer, surveyor, or architect and certified by him or her as such. *See Revised Municipal Code Section 9.21 (3)(a)3 for requirements.*

**Attach an Affidavit.** An affidavit that states that the applicant is the owner or lessee, manager, and operator of such manufactured and mobile home community; that he or she shall be responsible for the proper upkeep, maintenance, and sanitary condition of the premises; and that he or she shall keep the premises, buildings, and all equipment in a state of good repair and in full compliance with all laws and applicable ordinances.

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**III. FEES**

Record Check Fees. \$7.00/person listed on the application.

License Fees. The annual license fee for a manufactured and mobile home community is two dollars (\$2) for each space located on the premises.

Transfer Fees. \$10, plus \$7/record check fee

Late Fee. Any renewal license fee paid on July 1 or later shall be subject to a late fee of \$80.00.

Community Permits. (a) Permit fees for manufactured home communities shall be determined in accordance with SPS Section 302.33-3

Proposed Number of Home Site	Plan Examination and Initial Inspection Fee	Permit Revision Fee
1-20	\$ 250.00	\$ 40.00
21-50	450.00	40.00
51-100	700.00	40.00
101-175	900.00	40.00
More than 175	1,000.00	40.00

- For a new or expanded park, please contact the City Clerk’s Office for fees.

Licensee or applicant shall notify the City Clerk in writing if any information listed in this application has changed within ten (10) days of such change.

I, the above named applicant, having completed the application, certify that the application is true and correct to the best of my knowledge.

DATED at \_\_\_\_\_, Wisconsin, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Individual, Partner, President or Member

\_\_\_\_\_  
Signature of Additional Partner or Area Manager