



# City of Onalaska Mobile Home Park License

Phone: (608) 781-9530 ■ Fax: (608) 781-9534

415 Main St. Onalaska, WI 54650

City Clerk: [dg-cityclerk@onalaskawi.gov](mailto:dg-cityclerk@onalaskawi.gov)  
<http://www.cityofonalaska.com>

Date Filed:
License #:

**License Period Runs from July 1<sup>st</sup> through June 30<sup>th</sup>**

**FEES ARE NON-REFUNDABLE / NON TRANSFERABLE**

<b>APPLICANT</b>	Applicant Name:			
	Address:			
	City:	State:	Zip Code:	
	Phone:	Cell:	Fax:	Email:

<b>BUSINESS</b>	Mobile Home Park Name:		Name of Mobile Home Park Manager (If different than above):	
	Mobile Home Park Address (If different than above):			
	City:	State:	Zip Code:	
	Phone:	Cell:	Fax:	Email:

<b>LAND OWNER</b>	Land Owner's Name (If different than above):			
	Land Owners Address (If different than above):			
	City:	State:	Zip Code:	
	Phone:	Cell:	Fax:	Email:

<b>FEES</b>	Number of Sites:	Annual Fee:	Enter Amount Owed:
	1 - 50	\$100.00	
	51 - 100	\$200.00	
	101 - 150	\$300.00	
	151 - 200	\$400.00	
	201 - 250	\$500.00	

Do you have any delinquent taxes, assessments or other claims in whole or in part owed to the City of Onalaska: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Make checks payable to the CITY OF ONALASKA. Return your application and remittance fee to: City of Onalaska City Clerk 415 Main St. Onalaska, WI 54650	

The undersigned hereby applies for a Mobile Home Park License in accordance with the requirements of 7.03.12 of the City of Onalaska Code of Ordinances and understands that City may require the applicant to provide a Surety Bond up to \$10,000 if applicant becomes delinquent in fees.

\_\_\_\_\_  
(Print Legibly) OWNER/LEGAL REPRESENTATIVE NAME

\_\_\_\_\_  
(Sign) OWNER/LEGAL REPRESENTATIVE NAME

\_\_\_\_\_  
DATE

Approved By City Clerk:	Date Approved:
Approved by Inspections:	Date Approved:
Approved by Fire Dept.:	Date Approved:
Approved by Police Dept.:	Date Approved: