

24-0808



Application for Mobile Home Park License

CASH OR CHECK ONLY!

LICENSE PERIOD IS FROM
JULY 1ST - JUNE 30TH

FEES ARE NON-REFUNDABLE

Date Rec'd 6/7/24

Mobile Home Park
(CLMOBL) \$132.00

Total \$ 132.00

Receipt #: 6154-4

Note: Please allow approximately 3 weeks for application processing

SECTION 1 - COMPANY INFORMATION - Answer all questions completely. Please PRINT clearly.

Name of Company Holding License
FOX VALLEY ESTATES

Company Street Address <u>330 E JUNIPER LN</u>	City <u>APPLETON</u>	State <u>WI</u>	Zip <u>54915</u>
Company Telephone Number <u>218-310-2979</u>	<i>In addition, no person shall conduct a business or operate a mobile home park as defined by Wisconsin Administrative Code 177.02 without obtaining a Health Department License from the Health Department in accordance with Wisconsin Administrative Code Chapter 177.</i>		
Company Email Address <u>FOXVALLEYESTATES@GMAIL.COM</u>			

SECTION 2 - CONTACT INFORMATION

Name of Contact applying for license (First, MI, Last)
SCOTT R MOORE

Date of Birth _____

Contact Home Street Address <u>4349 TARNOWSKI RD</u>	City <u>DULUTH</u>	State <u>MINN</u>	Zip <u>55803</u>
Contact Phone Number [REQUIRED]	Contact Email Address [REQUIRED]		

SECTION 3 - LOCATION

Location of Mobile Home Park:
106 E PRIMROSE LN, APPLETON

Total Number of Units: <u>78</u>	Number of Units Occupied: <u>77</u>	Number of Units Unoccupied: <u>1</u>
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SECTION 4 - PENALTY NOTICE

I hereby certify that I/we have familiarized myself/ourselves with Chapter 11 of the City of Appleton Municipal Code as it relates to Mobile Home Parks and that I/we will comply with said code.

Signature of Applicant: Scott Moore Date: 6/7/2024

FOR OFFICE USE ONLY

Department	Approve	Deny	Staff Member	Reasoning
Police	<input checked="" type="checkbox"/>		B. Woodin	6-11-2024
Fire	<input checked="" type="checkbox"/>		D. Henson	6-10-2024
Public Works	<input checked="" type="checkbox"/>		P. Mubayer	JUN 18 2024
Inspections				
Community Development	<input checked="" type="checkbox"/>		D. Hany	JUN 10 2024
Finance				
Health	<input checked="" type="checkbox"/>		S. Kiri	JUN 19 2024
Safety and Licensing				
Common Council				
Date sent for approval <u>JUN 07 2024</u>	Approved date ____/____/____	Issued Date ____/____/____	Expiration Date ____/____/____	License Number ____