

New: (Must submit plans & specs)

Renewal: X

License Fee: \$300.00

Receipt #: 9016010

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: BF OF LA CROSSE LIMITED PARTNERSHIP
Address: 326 WEST AVE N, LA CROSSE WI 54601

2. MOBILE HOME PARK:

Name: PINE VIEW MOBILE HOME PARK
Address: W5585 COUNTY ROAD MM, LA CROSSE WI 54601

3. Number of lots in the Mobile Home Park: 114 (VERIFY #)

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: BF OF LA CROSSE LP

Address: 326 WEST AVE N, LA CROSSE, WI 54601

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 Ordinance of the City of La Crosse.

Signature of Applicant: [Signature] Date: 9/25/18

License Period: July 1, 2018 to June 30, 2019

\*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

{SEAL}

Notary Public
County, Wisconsin
My Commission expires:

**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:** Benson, Brian Edward  
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: W5301 Horseshoe Pl La Crosse WI 54601  
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: \_\_\_\_\_ Home Phone: 608 788 0195 Daytime Phone: 608 782-3776

Violations: NONE

**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: \_\_\_\_\_