



Lodging Establishment Inspection Report

Establishment Information	
Facility Name FOUR GABLES BED/BREAKFAST	Facility Type Bed and Breakfast (8 or less rooms) (LBB)
Facility ID # HSAT-7QX3SF	Facility Telephone # 608 788-7958
Facility Address W5648 US HIGHWAY 14/61 LA CROSSE , WI 54601	
Licensee Name JORGENSEN NANCY & GERALD	Licensee Address W5648 US HIGHWAY 14/61 LA CROSSE , WI 54601

Inspection Information		
Inspection Type Routine	Inspection Date 06/17/2016	Total Time Spent

OPERATOR - The violations in operating procedure or physical arrangement indicated below must be corrected by the next routine inspection or by a date specified in this report.

Observed Violations
Total # 0

Comments
No violations at the time of inspections.

Any operator aggrieved by an order of this department under this chapter may request a hearing as provided in ch.227 statute, if state licensed, or a local ordinance if licensed by an agent health department.

Person in Charge

Nancy Jorgensen

Sanitarian

**Aron Newberry
(608) 785-9730**