



### Lodging Establishment Inspection Report

<b>Establishment Information</b>	
Facility Name <b>LAKE MOTEL</b>	Facility Type <b>Lodging 5-30 Rooms (LH1)</b>
Facility ID # <b>ASTS-8U3JT6</b>	Facility Telephone # <b>608 783-3348</b>
Facility Address <b>926 2ND AVE N ONALASKA , WI 54650</b>	
Licensee Name <b>LAKE MOTEL</b>	Licensee Address <b>926 2ND AVE N ONALASKA , WI 54650</b>

<b>Inspection Information</b>		
Inspection Type <b>Routine</b>	Inspection Date <b>12/16/2016</b>	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.

<b>Observed Violations</b>
<b>Total # 0</b>

<b>Comments</b>
<a href="#">Room 18 open and inspected.</a>

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

Sanitarian

**Doug Schaefer**  
**(608) 785-9679**