



## Short-Term Rental Application

Check applicable box:

- New Application
- Renewal Application

Owner Information	Contact Person/ Resident Agent
Name:	Owner <input type="checkbox"/> (if other, fill in below)
Mailing Address:	Name:
City, State, Zip:	Mailing Address:
Telephone:	City, State, Zip:
Email Address:	Telephone:
	Email Address:

Checklist for Application:

1. \_\_\_\_ Winnebago County Tourist Rooming House License or Winnebago County Bed and Breakfast License issued under Wis. Stat. Sec. 254.64;
2. \_\_\_\_ Copy of a completed State Lodging Establishment Inspection form dated within one (1) year of the date of issuance or renewal;
3. \_\_\_\_ Seller's permit issued by the Wisconsin Department of Revenue, if any;
4. \_\_\_\_ Designation of the Resident Agent (if applicable)
5. \_\_\_\_ Room Tax permit; and

**I hereby certify that to the best of my knowledge all required application materials are included with this application. I am aware that failure to submit the required completed application materials may result in denial or delay of the application request.**

\_\_\_\_\_  
Signature of preparer

\_\_\_\_\_  
Date

**For City Use Only**

Permit Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_