



Phone: 920-869-1011

2990 S. Pine Tree Rd., Hobart, WI 54155

---

## Documents Required for Short-Term Rentals

Licensing Period: January 1<sup>st</sup> through December 31<sup>st</sup>

---

APPLICATION WILL NOT BE ACCEPTED FOR PROCESSING UNTIL ALL REQUIRED DOCUMENTS LISTED BELOW ARE SUBMITTED AS COMPLETE TO THE OFFICE OF THE CLERK AND THE FEE PAID IN FULL

1. A State of Wisconsin Department of Revenue Seller's Permit
2. An employer identification number issued by the Internal Revenue Service (FEIN #)
3. A Brown County Public Health Lodging Establishment Inspection form dated within one (1) year of the date of issuance or renewal\*
4. A Brown County Public Health Tourist Rooming House License\*
5. Completed Village application form
6. Proof of Insurance (appropriate proof showing home is used for a short-term rental)
7. Floor plan and requested maximum occupancy
8. Site plan that is drawn to scale which includes onsite parking  
(may be hand drawn or provided by a contractor)
9. Completed Fire Inspection Report dated not more than one (1) year before the date of issuance or renewal. To be completed by the Village of Hobart Fire Department.
10. Designation of Property Manager and required Property Management Agreement  
(if applicable)

\*For more information on Brown County Public Health licensing please go to  
<https://www.browncountywi.gov/services/business-licensing/>

Once permit is received, the Property Owner or Property Manager shall notify the Office of the Clerk **IN WRITING** when the first rental begins.

**Licenses are issued for a one-year period and must be renewed annually**

## Short-Term Rental Application

Licensing Period: January 1<sup>st</sup> through December 31<sup>st</sup>

Fee

\$200.00 – Initial & Renewal Short-Term Rental Application
  \$150.00 – Each Additional Unit Added

Property Address \_\_\_\_\_ Parcel # \_\_\_\_\_

### APPLICANT INFORMATION

Applicant Identity:  Owner  Tenant (If tenant, written permission to operate STR from Prop Owner must be attached)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Last, First, Middle)

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Maximum Occupancy for Premise \_\_\_\_\_ State Lodging License Number\* \_\_\_\_\_

Seller's Permit Number\* \_\_\_\_\_ FEIN Number \_\_\_\_\_

\*copies of all permits need to be included with application

### OWNER INFORMATION

SAME AS APPLICANT

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Last, First, Middle)

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

### PROPERTY MANAGER

SAME AS APPLICANT

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Last, First, Middle)

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

### LOCAL 24/7 CONTACT PERSON

SAME AS APPLICANT

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Last, First, Middle)

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

◆◆ continued on next page ◆◆

**Please include the following REQUIRED items with this application**

**(Application cannot be submitted without all items included)**

<input type="checkbox"/>	1.	State of Wisconsin Department of Revenue Seller's Permit;
<input type="checkbox"/>	2.	An employer identification number issued by the Internal Revenue Service (FEIN#)
<input type="checkbox"/>	3.	A copy of a completed Brown County Public Health Lodging Establishment Inspection form dated within one (1) year of the date of issuance or renewal;
<input type="checkbox"/>	4.	A copy of the Brown County Public Health Tourist Rooming House License issued under Wis. Stat. Sec 254.64;
<input type="checkbox"/>	5.	Completed Village of Hobart Short-Term Rental application form;
<input type="checkbox"/>	6.	Proof of Insurance as listed in 240-3(14) of the Hobart Municipal Code;
<input type="checkbox"/>	7.	Floor plan and requested maximum occupancy;
<input type="checkbox"/>	8.	Site plan including available onsite parking;
<input type="checkbox"/>	9.	Completed Fire Inspection Report dated not more than one (1) year before the date of issuance or renewal. To be completed by the Village of Hobart Fire Department;
<input type="checkbox"/>	10.	Property Management Agreement (if applicable);
<input type="checkbox"/>	11.	Hotel, Motel and Short-Term Rental Room Tax License

I certify that I have read the foregoing answers and the same are true to the best of my knowledge. I understand that any short-term rental license is required to comply with all provisions of Chapter 240 Short-Term Rentals of the Hobart Municipal Code and I hereby certify that the property meets those code requirements. I hereby additionally designate the listed Property Manager as an agent for the purposes of accepting service of process in any civil action arising out of/or in conjunction with the use of this license, in the event I cannot, after reasonable effort, be served personally.

**Applicant Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**HOBART MUNICIPAL CODE Chapter 240 Short-Term Rentals** requires that every applicant must disclose on his or her application for any license with the Village of Hobart any and all amounts of money owed to the Village by him or her or by the previous owner of the premises to be licensed. Any applicant failing to disclose such debts will have his or her license revoked.

I hereby certify that I do not have any outstanding debts owed to the Village of Hobart.

**Applicant Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**OFFICE USE ONLY**

**Date Filed:** \_\_\_\_\_

**License Number:** \_\_\_\_\_

**VILLAGE APPROVAL**

**Outstanding Debt:**  yes  no

**Building Inspection:**  yes  no

**Fire Inspection:**  yes  no

**Chief of Public Safety:**  yes  no

**Clerk:**  Approved  Denied

\_\_\_\_\_  
Village Clerk or Designee Signature

**If Denied, Reason:** \_\_\_\_\_