

Phone: 920-869-1011 2990 S. Pine Tree Rd., Hobart, WI 54155

#### **Documents Required for Short-Term Rentals**

Licensing Period: January 1st through December 31st

# 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 Brown County Public Health Tourist Rooming House License\*
- 2. A State of Wisconsin Department of Revenue Seller's Permit
- 3. A Brown County Public Health Lodging Establishment Inspection form dated within one (1) year of the date of issuance or renewal\*
- 4. An employer identification number issued by the Internal Revenue Service (FEIN #)
- 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;
- 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-Treasurer **IN WRITING** when the first rental begins.



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### Supplemental Form – Addition of New Units

#### **Short-Term Rental Application**

Licensing Period: January 1st through December 31st

Fee \$150.00 - Each Additional Unit Added		
APPLICANT INFORMATION		
Applicant Identity: Owner OTenant (If tenant, written p	permission to operate STR from Prop Owner must be attached)	
Name (Last, First, Middle)	Date of Birth	
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)		
	_ City State Zip	
Phone Number	Email	
PROPERTY MANAGER SAME AS AF	PPLICANT	
Name (Last, First, Middle)	Date of Birth	
Mailing Address	_City State Zip	
Phone Number	Email	
LOCAL 24/7 CONTACT PERSON		
Name (Last, First, Middle)	Date of Birth	
Mailing Address C	ity State Zip	
Phone Number	Email	

## Please include the following REQUIRED items with this application (Application cannot be submitted without all items included)

	1.	A copy of the Brown County Public Health Tourist Rooming House License issued under Wis. Stat. Sec 254.64;	
	2.	State of Wisconsin Department of Revenue Seller's Permit;	
	3. 4.	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;  An employer identification number issued by the Internal Revenue Service (FEIN#)	
		Completed Village application form;	
	5.	Proof of Insurance as listed in 240-3(14) of the Hobart Municipal Code;	
_	6.	Floor plan and requested maximum occupancy;	
	7.	Site plan including available onsite parking;	
	8.		
ч	9.	Completed Fire Inspection Report dated not more than one (1) year before the date of issuance or renewal;	
	10.	Property Management Agreement (if applicable);	
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			
OFFICE HOF ONLY			
Outsto	anding spection / Treas	on:  yes  no  Chief of Public Safety:  yes  no	
If Der	nied, R	eason:	