

Application for Short Term Rental License

(FOR USE WITH INITIAL AND RENEWAL APPLICATIONS)
Renewal Applications Due Annually by May 15th

	Please Print Legibly or Type
Owne	r of Property:Date:
	ng Address - Owner:
	Address - Owner:
	ess/Rental Name:
Busin	ess/Rental Mailing Address:
Renta	Location Address:
	te/Marketplace Manager Name:
	te/Marketplace Manager Contact Telephone:
	nsin Seller's Permit Number:
Busin	ess Telephone Number:Number of Units for Rent:
Insura	nnce Carrier: Policy Limits:
	I hereby certify that the information provided above is true and correct.
Sione	d: Date:
Com	plete and return this application with the following:
1.	plete and return this application with the following: WI Sellers Permit Vilas County Tourist Rooming House License Site Plan of Parcel Illustrating Designated Parking Spaces Proof of Insurance/Certificate of Coverage Proof of Annual Fire Inspection Application Fee: Initial \$250.00 / Renewal \$150
1. 2. 3. 4. 5.	WI Sellers Permit Vilas County Tourist Rooming House License Site Plan of Parcel Illustrating Designated Parking Spaces Proof of Insurance/Certificate of Coverage Proof of Annual Fire Inspection
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Treasurer, Town of Washington

Signed:__