

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 State of Wisconsin Tourist Rooming House License
- 2. A State of Wisconsin Department of Revenue Seller's Permit
- 3. A State of Wisconsin 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)

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.



Short-Term Rental Application

Licensing Period: January	y 1 st through Dec	cember 31st		
Fee S200.00 – Initial & Renewal Short-Term Rental App	plication] \$150.00 – Each Add	litional Unit Added	
Property Address				
APPLICANT INFORMATION				
Applicant Identity: O Owner O Tenant (If tenant, written	permission to operate (STR from Prop Owner must b	e 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 AF	PLICANT			
Name		Date of Birth		
(Last, First, Middle)				
Mailing Address				
Phone Number	Email			
PROPERTY MANAGER 🛛 SAME AS A	PPLICANT			
Name		Date of Birth		
(Last, First, Middle)				
Mailing Address				
Phone Number				
LOCAL 24/7 CONTACT PERSON	same as applic	ANT		
Name		Date of Birth		
Mailing Address C	City	State	Zip	
Phone Number	Email			
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Please include the following REQUIRED items with this application (Application cannot be submitted without all items included)

1.	A copy of the State of Wisconsin Tourist Rooming House License issued under Wis. Stat. Sec 254.64;
2.	State of Wisconsin Department of Revenue Seller's Permit;
3 .	A copy of a completed State of Wisconsin 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 of Hobart Short-Term Rental application form;
6 .	Proof of Insurance as listed in 240-3(14) of the Hobart Municipal Code;
D 7.	Floor plan and requested maximum occupancy;
8.	Site plan including available onsite parking;
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);
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

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 owing the Village of Hobart.

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An	plic	ant	Siar	ature
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Date

Date

OFFICE USE ONLY							
Date Filed:			License Number:				
Outstanding Debt: Fire Inspection: Clerk / Treasurer:	yes yes yes Approved	VILLAGE APPROVAL no Denied	Building Inspection:	yes no yes no			
Clerk / Treasurer or Designee Signature If Denied, Reason:							