

Town of Chicog
Short-Term Rental Property Application Form

PROPERTY OWNER: _____

PROPERTY OWNER PHONE #: _____

PROPERTY OWNER MAILING ADDRESS: _____

ADDRESS OF PROPERTY TO BE RENTED: _____

PROPERTY MANAGER: _____

PROPERTY MANAGER PHONE #: _____

PROPERTY MANAGER PHYSICAL ADDRESS: _____

180 CONSECUTIVE DAY OPERATION WINDOWS:

1. _____ TOTAL DAYS _____

2. _____ TOTAL DAYS _____

3. _____ TOTAL DAYS _____

4. _____ TOTAL DAYS _____

PROPERTY MANAGERS CONTACT INFORMATION TO BE POSTED IN AND OUTSIDE THE BUILDING.

APPLICATION FEE DUE: \$ 50.00

SIGNATURE OF OWNER: _____ DATE: _____

DOCUMENTS REQUIRED by OWNER:

- Wisconsin Tourist Rooming House License #: _____
- Wisconsin Sellers Permit #: _____
- Insurance Agency: _____
- Property Manager Information: Name: _____
Contact Information: _____
- Septic System Inspection Cert: _____
- Sanitary Permit: _____

***** TO BE COMPLETED BY OFFICE *****

TAXES / FEES / FINES ARE CURRENT: YES or NO

APPLICATION FEE PAID: YES or NO

DATE Application submitted to clerk _____

DATE Approved by the Board: _____