

**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: \_\_\_\_\_
- Maintenance & Use Agreement if Applicable: \_\_\_\_\_
- 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:** \_\_\_\_\_