



City of Green Lake 534 Mill St., PO Box 216, Green Lake, WI 54941

SHORT-TERM RENTAL APPLICATION

Owner Information	Contact Person/Resident Agent
Name:	Name:
Mailing Address:	Mailing Address:
City, State, Zip:	City, State, Zip:
Telephone:	Telephone:
Email Address:	Email Address:

Name of Facility: _____

Property Address: _____ in the City of Green Lake

Maximum Occupancy for Premise _____ (Total number of occupants licenses by the State of Wisconsin or two per bedroom plus two additional occupants, whichever is less)

Checklist for Application (please attach documentation):

1. Conditional Use Permit granted after September 20, 2024.
2. State of Wisconsin Tourist Rooming House License issued by Tri-County Environmental Health Consortium (this is obtained AFTER the city's building inspector has inspected the property)
3. Seller's permit issued by the Wisconsin Department of Revenue
4. Room Tax Permit issued by the City of Green Lake and/or Certification from a Marketplace Vendor (Airbnb, HomeAway, or VRBO, etc.) that Room Taxes will be collected
5. Affidavit that owner will reside on the premises for at least 30 days per year, if in a residential district
6. Payment of fee - \$500.00

I hereby certify that to the best of my knowledge all required application materials are included with this application and that the property listed above meets all requirements of the ordinance. I am aware that failure to submit the required completed application materials may result in denial or delay of the application request.

Signature of Owner

Date

Police Chief or designee: Approve ___ Deny ___ Signature: _____

Building Inspector or designee: Approve ___ Deny ___ Signature: _____

Clerk-Treasurer or designee: ___ Approve ___ Deny ___ Signature: _____

Receipt No. _____ Date _____

For City Use Only: Permit Number _____ Date Issued _____ Term of License _____