



# 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:

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. State of Wisconsin Tourist Rooming House License issued by Tri-County Environmental Health Consortium
2. Seller's permit issued by the Wisconsin Department of Revenue
3. Certification from the owner or licensee that the property meets the requirements of this ordinance
4. Room Tax Permit issued by the City of Green Lake
5. Affidavit that owner will reside on the premises for at least 30 days per year
6. Payment of fee - \$150.00 Initial or \$100.00 for Renewal

I hereby certify that to the best of my knowledge all required application materials are included with this application. 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: \_\_\_\_\_

Fire Chief or designee: Approve \_\_\_ Deny \_\_\_ Signature: \_\_\_\_\_

Clerk-Treasurer or designee: Outstanding Fees \_\_\_ Yes \_\_\_ No \_\_\_ Approve \_\_\_ Deny \_\_\_

Signature: \_\_\_\_\_ Receipt No. \_\_\_\_\_ Date \_\_\_\_\_

**For City Use Only:** Permit Number \_\_\_\_\_ Date Issued \_\_\_\_\_ Term of License \_\_\_\_\_

AFFIDAVIT OF RESIDENCE

I (We), \_\_\_\_\_,

being the owner(s) of the property located at:

\_\_\_\_\_

in the City of Green Lake, do hereby certify that I (we) will live at the address indicated above for a minimum of 30 days in each calendar year as long as we own the property and are using it as a vacation rental for less than 30-day stays. I(We) also understand that we will lose our short-term rental license if this 30-day requirement is not satisfied.

\_\_\_\_\_  
Signature of owner

\_\_\_\_\_  
Signature of owner

State of Wisconsin

County of \_\_\_\_\_

Signed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_ and \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Wisconsin

My Commission (expires)(is) \_\_\_\_\_