

**THE TOWN OF POLK, WASHINGTON COUNTY
APPLICATION FOR SHORT-TERM RENTAL LICENSE**

Please print clearly or type

Property Address: _____ Date: _____

Owner/Operator: _____

Address of Owner/Operator: _____

Business Name: _____

Business Mailing Address: _____

Business Location:
(If different than mailing address) _____

Wisconsin Seller's Permit Number: _____ Business Phone: _____

Home Phone: _____ Number of Units for rent: _____

Use this space for any additional comments

I hereby certify that the information provided above is true and correct.

Signed: _____ Date: _____

Title: _____

Complete and return this application along with a copy of your WI sellers tax permit and your State of Wisconsin Tourist Rooming House License to:

The Town of Polk
3680 State HWY 60
Slinger, WI 53086
Phone: (262)677-2123

For Town Use Only

Date Issued: _____ Permit Number: _____

Signed: _____