

Town of Fulton Short-Term Rental Application

New/Renewal Fee: \$200.00

License Period: January 1, 20__ to December 31, 20__

This application must be submitted with all other required documents and fees (paid in full) in order to be accepted

Short Term Rental (STR) Site Information:

Name of STR: _____

Address(es): _____

Parcel ID Number(s): _____

Max. Capacity: _____

State Lodging License No*: _____

WI Seller's Permit No*: _____

Federal Employer ID No: _____

DATCP Inspection Date: _____

**Copies of permits/licenses must be included with application*

Owner Information:

Name: _____

Address: _____

Mailing Address (if different) _____

Phone: _____

Emergency #: _____

Email: _____

Will the owner of the property serve as the Property Manager? ☐ YES ☐ NO

** If no, complete Property Manager Information section below*

Property Manager Information:

Name: _____

Address: _____

Mailing Address (if different) _____

Phone: _____

Emergency #: _____

Email: _____

Times of Rental/Days of the week/Minimum # of days stayed: _____

Number of Bedrooms: _____

Number of off-street parking stalls: _____

Description of any outdoor amenities: _____

Short Term Rental Marketing Platform:

☐ Self ☐ Airbnb ☐ Evolve ☐ Expedia ☐ HomeAway ☐ VRBO ☐ Other: _____

**A separate quarterly accommodations tax report must be submitted for each marketing platform*

Items to Submit with Application – Required at time of Submittal:

- ☐ Copy of State of WI License for a Tourist Rooming House issued under Wis. Stat. Sec. 254.64 And Rock County Tourist Rooming House License.
- ☐ Copy of completed State Lodging Establishment Inspection Form dated within one year of application
- ☐ Copy of Seller's Permit from the WI Department of Revenue
- ☐ Copy of Homeowner's or Business Liability Insurance Policy effective during license period
- ☐ Copy of Fire Inspection Report

(initial) I certify that a written guest register has been/will be kept as required by the Wisconsin Administrative Code

(initial) I certify that I will submit quarterly Room Tax Reports to the Town Clerk/Treasurer on or before the 20th day of the month following the calendar quarter for which imposed. Late fees will apply.

(initial) I certify that I will post all requirements of Ordinance# 2025-05 for the Town of Fulton.

I certify that I have read the foregoing answers and the same are true to the best of my knowledge. I understand that any short-term rental license shall comply with all provisions of Town of Fulton Ordinance and I hereby certify that the property meets those requirements and I will comply with those requirements.

Any application failing to disclose such debts will not be issued a license until all debts are paid in full. I hereby further certify that I do not have any outstanding debts owing to the Town of Fulton. All information required above is current and in conformance with applicable state and local laws and ordinances.

Owner/Property Manager Signature: _____

Date: _____

Remit Completed Renewal Application, Fee, and All Required Documents to the Town Clerk by December 3rd.

(FOR OFFICE USE ONLY)

Date Received: _____

Fees Paid: _____

Outstanding Debt: _____

Approved or Denied: _____

Date: _____

License No Issued: _____

Clerk/Designee Signature: _____