

TOWN OF LAFAYETTE
5765 197TH ST
CHIPPEWA FALLS, WI 54729
715-723-7692

Application for Short Term Rental & Room Tax License Combo

FEES: \$110.00 Initial \$60.00 Annual Renewal (circle one)

Annual Application due by Dec. 1st prior to license expiration.

Establishment Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Owner's Name: _____

Owner's Phone Number: _____ Cell # _____

Mailing Address: _____

Property Manager/Host Name, Phone # and email if different from above

Owner's Email Address: _____

Establishment Phone Number: _____

Certificate of Liability Insurance Included: Yes _____ No _____ Seller's Permit # _____

The applicant also agrees to provide documentation from zoning, fire department and public health to ensure all areas are completed before licensing with the Town of Lafayette

Date of first rental: _____

To the local governing body of the **Town of Lafayette**, County of **Chippewa**, Wisconsin. The undersigned hereby make application for a license *to engage in* the retail of rooms or lodging business. The applicant agrees to comply with and be bound by all the laws, ordinances, rules, regulations, and penalties governing the business for which this license is applied for.

Signed: _____ Date: _____

Printed Name: _____

Upon receipt of your payment & all other required documents and final approval of the application you will receive a license showing the payment of the sum of \$110.00 Initial or \$60.00 renewal fee for this license.

Make checks payable to the Town of Lafayette.

Office Use Only Payment Received: Yes _____ No _____ Payment Received On-Time: Yes _____ No _____
Date Received Application: _____ \$25 Late Fee Due: Yes _____ No _____
Certificate of Insurance Received: Yes _____ No _____ Seller's Permit Received: Yes _____ No _____
Fire Inspection: Yes _____ No _____ Public Health Inspection: Yes _____ No _____ Zoning License: Yes _____ No _____

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