



NEW SHORT TERM RENTAL APPLICATION- FEE \$250.00

For the license period beginning July 1, 20_____
Ending June 30, 20_____

INTERNAL REVENUE SERVICE EMPLOYER ID #: _____

CONTACT INFORMATION:

PROPERTY OWNER NAME/BUSINESS NAME: _____

PROPERTY OWNER MAILING ADDRESS: _____

PROPERTY OWNER EMAIL: _____

PROPERTY MANAGER NAME: _____

PROPERTY MANAGER MAILING ADDRESS: _____

PROPERTY MANAGER EMAIL: _____

PROPERTY PHYSICAL ADDRESS: _____

24 HOUR PHONE NUMBER: _____ OWNER PHONE #: _____

WHOM SHOULD WE CONTACT FOR INSPECTIONS? Owner OR Property Manager

PROPERTY OWNER MUST SUBMIT:

	Tourism Rooming House License Permit from the State of WI Department of Agriculture, Trade & Consumer Protection under ATCP 72.04 – <i>issued by Adams County Health and Human Services Department</i>
	Current proof of casualty and liability insurance issued by an insurance company authorized to do business in the State of Wisconsin, with liability limits of not less than \$300,000 per individual and \$1,000,000 aggregate and that states that it is for Short Term Rental
	Room Tax Permit Application with Department of Revenue Seller’s Permit Number

As a new Short-term Rental, a Fire Inspection and follow-up inspection are included in the \$250.00 application fee. Any subsequent Fire Inspections required to correct violations will be \$50.00 and must be prepaid before a license is issued. The Town of Rome code requires a property manager to be located within 25 miles of the property.

I, _____ (Property Owner OR Authorized Agent) certify that I have read and comply with the requirement of the Town of Rome Code, Chapter 234, Article VII.

FOR OFFICE USE ONLY:
Received on:
Payment:

Signature of Property Owner OR Authorized Agent

Date