



TOWN of MARSHFIELD

APPLICATION FOR SHORT TERM RENTAL LICENSE

Mail or email Application to: Town of Marshfield Permit Issuer
999 Fond du Lac St, P.O. Box 94, Mt. Calvary, WI 53057
townclerk@townofmarshfieldwi.gov
920-753-4691

Office Use Only

Date Issued: _____

Fee: _____

Permit Number: _____

New/initial application-\$150
Renewal Fee-\$150

License will expire
annually on June 30

SECTION 1: SHORT TERM RENTAL PROPERTY INFORMATION

Business Name: _____

Street Address: _____

City, State, Zip: _____

SECTION 2: APPLICANT/CONTACT INFORMATION

Owner's Name: _____

Owner's Primary Residence Address: _____

City, State, Zip: _____

Owner's E-Mail: _____ Phone Number _____

Property Manager's Name: _____

Property Manager's Primary Residence Address: _____

City, State, Zip: _____

Manager's E-Mail: _____ Phone Number _____

SECTION 3: GENERAL INFORMATION

The following documents are to be submitted with the application:

- Copy of State of Wisconsin Tourist Rooming House Lodging License issued by the FDL County Health Department
- Copy of completed Fond du Lac County Health Dept. Lodging Establishment Inspection Report dated within one (1) year of the date of issuance or renewal
- Proof of current, required insurance coverage, which includes written confirmation by the insurer, showing knowledge that insured property is being used as a short-term rental.
- Copy of State of Wisconsin Seller’s Permit
- A copy of lease agreement example provided that indicates language regarding compliance with parking, noise and other applicable Town of Marshfield ordinances being met during occupancy of the structure.

Tax Parcel Number of Property: _____

Number of Bedrooms: _____

Number of Parking Spaces provided on site: _____

I, _____, the undersigned applicant:

- Acknowledge receiving a copy or are aware of the short-term rental requirements of the Town of Marshfield and agrees to comply with such requirements;
- Agree to assure that use of the premises by short-term rental occupants will not disrupt the neighborhood and will not interfere with the rights or neighboring property owners to the quiet enjoyment of their properties;
- Authorize the Town of Marshfield to verify information contained in the application;
- Acknowledge that the residence may not have been designed, constructed or inspected as a commercial lodging establishment;
- Agree that the local representative shall be reasonable available to handle any problems arising from use of the short-term rental unit; and
- Will provide written notification if the local representative changes temporarily or permanently, to the Town of Marshfield Clerk.

I hereby certify that I have answered all the questions contained herein and now the same to be true and correct. Further, I understand all the questions contained herein and know the same to be true and correct. Further, I understand that any approval issue, based upon false information or misrepresentative provided by the applicant, will be null and void and subject to penalty as provided by law and ordinances.

Signature of Applicant

Date