



SHORT TERM RENTAL APPLICATION

Check Appropriate Box: New Application (\$40) Renewal Application (\$15)

Property Information (Property to be Licensed as a Short-Term Rental)	
Mailing Address:	State Lodging License Number (if any)
Number of Living Units:	License Term (July 1 st , - June 30 th), 20_____
Owner Information	
Name:	
Mailing Address:	
City, State, Zip	
Telephone	
Email Address:	
Contact Person/Resident Agent	
Owner (if other, fill in below)	
Name:	
Mailing Address:	
City, State, Zip:	
Telephone:	
Email Address:	
Property Manager Information	
Name:	
Mailing Address:	
City, State, Zip	
Telephone:	
Email Address:	

CITY OF ASHLAND
601 Main St. West
Ashland, WI. 54806



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Accommodations Taxes Responsible Party Registration <i>(administered by Treasurer's Office)</i>	
Name of Applicant – Owner (if other, fill in below)	
Doing Business As:	
Address:	
City, State, Zip	
Telephone	
Person responsible for filing quarterly and annual reports:	
Telephone	
Email	
Signature	Date
For Treasurer's Office	
Date Received	Fee Paid
Date Permit Issued	Receipt #
Previous Owner	
Forwarding Address	



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Checklist for Application:

**Please include items as separate attachments and submit with your application.*

1. _____ Ashland County Tourist Rooming House License or Ashland County Bed and Breakfast License issued under Wis. Stat. Sec. 254.64;
2. _____ Copy of a completed State Lodging Establishment Inspection form dated within one (1) year of the date of issuance or renewal;
3. _____ State Lodging License Number, if any;
4. _____ Seller's Permit issued by the Wisconsin Department of Revenue, if any;
5. _____ Designation of the Resident Agent (if applicable);
6. _____ Designation of the Property Manager (if applicable);
7. _____ Room Tax Permit;
8. _____ Proof of sufficient and suitable property insurance identifying that the property is protected and the short-term rental business has commercial liability insurance;
9. _____ Information on any web-based booking service(s) used for the property
10. _____ A scaled site plan showing parking and driveways, all structures and outdoor recreational areas that guests will be allowed to use, including, but not limited to, deck/patio, barbeque grill, recreational fire, smoking area, or pool;
11. _____ A floor plan, drawn to scale, of the home identifying which rooms will be used as transient guest bedrooms;
12. _____ Copy of Fire Inspection Self-Inspection findings,
13. _____ Copy of Ashland Fire Department Fire Inspection Findings;
14. _____ License Application Fee (\$40.00) or Renewal Fee (\$15.00). Late Fee of \$25.00 if application renewal is submitted after June 30th.

Owner's Certification

I hereby certify that this information is true and correct. I also certify that the property for which I am applying for a Short-Term Rental License meets all the requirements of Ashland Municipal Code Section 840. I understand that a Short-Term Rental License is valid for one (1) year from July 1st through June 30th and must be renewed each year. A short-term rental license issued under Municipal Code Section 840 may be revoked if the property or licensee fails to comply with all applicable Municipal Code sections.

Signature _____ Date _____

Signature _____ Date _____