

Town of Walworth

Short Term Rental License Application

Please complete and submit the following information with the non-refundable license fee of \$500.00 to the Town of Walworth clerk-treasurer.

Name(s) of Property Owner _____

Property Owner

Address: _____

24-hour Contact Phone Number: _____ and

Email: _____

Short Term Rental Address: _____

Property Manager Name/ Address (if applicable):

24-Hour Contact Phone Number: _____ and

Email: _____

Tax Parcel number _____

Property Owner(s), the undersigned Applicant hereby submit, under oath, the following:

- o New/initial or Renewal application fee for a Short-Term Rental License(STRL), \$500.00, Non-refundable;
- o State of WI Sales and Use Tax Permit number: _____

- o Copy of State of Wisconsin Rooming House License with the Walworth County, WI.

- o Date of first rental: _____

- o Date of last rental: _____

I, _____, as the Property Owner, hereby understand and agree to the following statements:

- o I acknowledge receiving a copy or are aware of the residential short-term rental requirements of Walworth County, WI and Town STR Ordinance No. 01182022-2
- o I agree to assure that use of the premises by residential short-term rental tenants will not disrupt the neighborhood, and will not interfere with the rights of neighboring property owners to the quiet enjoyment of their properties;
- o I authorize the Town of Walworth to verify information contained in the application;
- o I acknowledge that the residence may not have been designed, constructed or inspected as a commercial lodging establishment;
- o I acknowledge that if this premises is sold or transferred to a third party, the Short Term Rental License does not transfer with the real property;
- o I agree that I as the property owner or my property manager shall be reasonably available to handle any problems arising from use of the residential short-term rental unit; and
- o I will provide written notification to the Town of Walworth clerk-treasurer if any circumstances change during the Short Term Rental License period.

For Office Use Only ORIGINAL ____ or RENEWAL ____			
Date filed:		Permit Number:	
Board Review:		Expiration Date:	
Approval Date:		Registration Fee:	
Payment Received:		Receipt Number:	