



Short-Term Rental Application

Check applicable box:

- New Application
- Renewal Application

Owner Information	Contact Person/ Resident Agent
Name:	Owner <input type="checkbox"/> (if other, fill in below)
Mailing Address:	Name:
City, State, Zip:	Mailing Address:
Telephone:	City, State, Zip:
Email Address:	Telephone:
	Email Address:

Checklist for Application:

1. ____ Winnebago County Tourist Rooming House License or Winnebago 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. ____ Seller's permit issued but the Wisconsin Department of Revenue, if any;
4. ____ Designation of the Resident Agent (if applicable)
5. ____ Room Tax permit; and

I hereby certify that to the best of my knowledge all required application materials are included with this application. I am aware that failure to submit the required completed application materials may result in denial or delay of the application request.

Signature of preparer

Date

For City Use Only

Permit Number: _____

Date Issued: _____

City Hall, 215 Church Avenue P.O. Box 1130 Oshkosh, WI 54903-1130 <https://www.oshkoshwi.gov/>