

**Town of Clay Banks
Short Term Rental Initial
License Application**

**No person shall operate a Short-Term
Rental without first obtaining a license.**

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| <i>For Office Use Only:</i> License No. _____ Date Issued: _____ Expiration Date: June 30, 20_____ Tax Parcel No: 006 - _____ Maximum Occupancy: _____ Maximum No. of Parking Spaces: _____ |
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FEES: Non-refundable \$750.00 Initial Application fee. Fees are not prorated. Applications accepted beginning May 1st for the license year beginning July 1st. License requests received later than 45 days prior to the license expiration date are not guaranteed to be approved by July 1st.

Property Owner Name: _____
(Name of Individual or entity as shown on the property deed)

Property Address: _____

Mailing Address: _____
(If different than property address)

City, State Zip: _____

Phone Number: _____ Email: _____

Registered Agent Name: _____

Registered Agent Address: _____

Phone Number: _____ Email: _____

Tax Parcel No.: _____

Maximum number of Guest: _____

Maximum number of parking spaces: _____

Private Onsite Wastewater Treatment System (POWTS) Permit No.: _____

State of Wisconsin Tourist Rooming House Permit No.: _____

Door County Tourism Zone Lodging Permit No.: _____

Submit the following items with you application. No application will be accepted with out all of the following:

- A diagram of the property lines showing driveways and the location of off-street parking, including maximum number of off-street parking spaces for renters and where located, including prohibited vehicles and parking areas.
- Copy of current DATCP Wisconsin Rooming House license.
- Copy of the most recent inspection report as required by DATCP.
- Copy of current DCTZC permit.
- Proof of current contract for refuse and recycling collection and disposal services.
- Proof of current design capacity of POWTS to accommodate maximum capacity for the dwelling under the Uniform Dwelling Code.
- Copy of current House Rules.
- Proof of current casualty and liability insurance issued by an insurance company authorized to do business in the State of Wisconsin, identifying the property as used for rental, short-term or otherwise.
- Copy of current Registered Agent contract.
- The required non-refundable application fee made payable to the **“Town of Clay Banks”**.

Property Rules must include, at minimum, the following components:

- ✓ The maximum number of overnight occupants.
- ✓ Contact information for the designated operator.
- ✓ A diagram of the property identifying the property lines and the- location of off-street parking, including the maximum number of off-street parking spaces provided for renters.
- ✓ Quiet hours of 10:00 PM to 7:00 AM.
- ✓ Provide policy regarding pets, leash requirements and noise.
- ✓ Non-emergency contact information for law enforcement and fire.
- ✓ How to deal with existing POWTS, if applicable (location of high-water alarms, etc.).
- ✓ The trash & recycle pick-up day and applicable rules and regulations pertaining to leaving or storing trash or refuse on the exterior of the property.
- ✓ Outdoor burning regulations.
- ✓ No fireworks.
- ✓ Notification that the occupant may be cited or fined by the Town or immediately evicted by the Property Owner or Resident Agent, in addition to any other remedies available at law, for violating any other provisions of this ordinance.
- ✓ Notification that failure to conform to the occupancy requirements of the tourist rooming house is a violation of this ordinance.
- ✓ The Property Owner and/or Resident Agent must provide the Property Rules information to neighboring residential property owners located within 400 feet of the Short-term Rental dwelling property in all directions no later than seven (7) days from the date rental dwelling permit is issued or any time the Property Owner/Resident Agent contact information changes.
- ✓ Contact information is provided to enable neighboring residential property owners or Town personnel to contact the Property Owner or Resident Agent twenty-four (24) hours a day, seven (7) days a week regarding disturbances or issues arising in connection with the rental of a Residential Dwelling.

I certify that I am the owner or the authorized agent/representative of the owner of the property that is the subject of this License Application. I certify that the information contained in this form and the attachments are true, accurate and complete. I agree to comply with all applicable State, County and Municipal codes, statutes, and ordinances and with the conditions of this License. I understand that the issuance of this License creates no legal liability expressed or implied on the municipality. Proof of the License and the Property Rules shall be posted in a conspicuous location at all times while the property is rented. I have received a copy of the municipality's Short-Term Rental Ordinance and I understand that failure to comply with any and all provisions of the Ordinance may result in license revocation, forfeitures and additional compliance inspection fees. I understand that no person shall operate a Short-Term Rental without first obtaining a License.

Signature: _____ Date: _____
Printed Name: _____

Signature: _____ Date: _____
Printed Name: _____

Signature: _____ Date: _____
Printed Name: _____

Signature: _____ Date: _____
Printed Name: _____

Signed and completed application, including copies of all required documents, can be delivered to the Town Clerk via email at clerk@tn.claybanks.wi.gov or sent in the mail to the below address:

Town of Clay Banks
c/o Jessica Bongle, Clerk
597 Lower LaSalle Rd.
Algoma, WI 54201