Town of Washington

Short-Term Rental License Application

Address of Residential Dwelling: _____

Property Owner Information

Name: _____

Phone: _____ Applicant Email: _____

Address: _____

Designated Agent Information

Name: _____

Phone: _____ Applicant Email: _____

Address: _____

Lodging Marketplace Online Listing ID Number(s)

Platform: _____ ID Number: _____

Platform: _____ ID Number: _____

Platform: _____ ID Number: _____

Please provide proof of the following:

- ☐ Department of Agriculture Trade and Consumer Protection (DATCP) Tourist Rooming House License dated within one (1) year of the date of issuance or renewal
- ☐ Door County Tourism Zone Commission (DCTZC) Door County Lodging Permit
- ☐ Wisconsin Department of Revenue Sellers Permit (not applicable if Owner is solely utilizing a Lodging Marketplace, such as VERBO or AirBnb, to collect and remit taxes on their behalf)
- ☐ Proof of Liability Insurance (this this can be satisfied through the use of a Lodging Marketplace such as VRBO or AirBnb)
- ☐ Proof of design capacity of POWTS approved by the Door County Sanitarian's Office.

I, the Property Owner and/or Designated Agent, agree to assume and comply with the requirements and responsibilities assigned by the Town of Washington regulating Short-Term Rentals.

Applicant's Signature: _____ Date: _____

Annual Fee: $250.00

Fee may be paid in either cash or check made out to the Town of Washington.

For Office Use Only

Date Received: _____ Date Issued: _____

Permit No: _____ Chairman Signature: _____