

INITIAL SHORT TERM RENTAL APPLICATION- FEE \$750.00
RENEWAL SHORT TERM RENTAL APPLICATION- FEE
\$350.00

DATE RECEIVED: _____

For the license period beginning _____ 20 _____
Ending _____ 20 _____

INTERNAL REVENUE SERVICE EMPLOYER ID #: _____

CONTACT INFORMATION:

PROPERTY OWNER NAME: _____

PROPERTY MANAGER NAME: _____

24 HOUR PHONE NUMBER: _____ OWNER PHONE # _____

MAILING ADDRESS: _____

PROPERTY PHYSICAL ADDRESS: _____

EMAIL: _____

REQUIRED:

	Proof of casualty and liability insurance issued by an insurance company authorized to do business in the State of Wisconsin, with liability limits of not less than \$300,000 per individual and \$1,000,000 aggregate
	Floor plan of the proposed property for rental with requested maximum occupancy
	Site plan including available onsite parking
	Copy of Racine County Public Health Division "License, Permit or Registration"

All Short-term Rental applications are required to have an annual inspection by the Racine County Health Department.

I, _____ (Property Owner OR Authorized Agent) certify that the above property meets the requirement of the Town of Waterford Code.

Signature of Property Owner OR Authorized Agent

Office Use Only:

Date filed:		Payment Received:	
Planning Review:		Permit Number:	
Board Review:		Expiration Date:	
Approval Date:		Registration Fee:	