## **Short-Term Rental Permit Application**

Parcel # 0611-Permit Number:

THIS APPLICATION IS	<b>FOR:</b> □ New/Initial Application \$300.00 □ Renewal of Permit \$150.00	0
	PROPERTY INFORMATION	
Property Address		
# of Bedrooms at Property		
# of Bedrooms for STR	Max Occupancy (2/bedroom)	
# of Improved Parking Spaces on Property for Renter Use	Minimum # of Consecutive Nights for STR	
Is the STR the Operator's Primary Residence?	Will the Operator stay overnight with all guests?	
Will the Operator or a Designated Agent be present at the STR within 30 minutes of request?	Maximum number of days the STR will be operated per year?	
PROPERTY OWNER IN organization, trust)	IFORMATION (Names of all officers of corporation, partnership, LLC,	
Owner (1) Name		
Mailing Address		
Telephone		
E-Mail		
Owner (2) Name		
Mailing Address		
Telephone		
E-Mail		
Owner (3) Name		
Mailing Address		
Telephone		
E-Mail		

SHORT-TERM RENTAL	BUSINESS OWNER INFORMATION (If Applicable)
Owner Name	
Primary Residence Address	
Mailing Address	
Telephone	
E-Mail	
OPERATOR INFORMA	TION (Host name on advertising, must be a person and not an organization)
Operator Name	
Primary Residence Address	
Mailing Address	
Telephone	
E-Mail	
DESIGNATED AGENT I	NFORMATION (If applicable - Must be a person and not an organization)
Designated Agent Name	
Primary Residence Address	
Mailing Address	
Telephone	
E-Mail	
LIST ALL PLATFORMS	WHERE STR WILL BE ADVERTISED (VRBO, AirBnB, etc.)

REQUIREMENTS	Initials
STR permit number, minimum duration of stay, maximum occupancy limit, and number of improved parking spaces must appear in all advertisements and listings.	
The STR permit is non-transferable and does not authorize any person, other than the person named therein, to operate a short-term rental home in the residential dwelling.	
A quarterly report, which lists the dates of stay, number of guests for each stay, and a listing of all websites and places where the operator has advertised the short-term rental is required by February 1, May 1, August 1, and November 1 for the preceding calendar quarter.	

	certifies that if the property is used for short-term rentals of 1 to 6 operty is and will remain the operator's primary residence during the	
days duration: (a) the Operator will overnights; OR (b) the Operator or within 30 minutes of	certifies that if the property is used for short-term rentals of 1 to 6  I stay at the property during the period of all rentals including  Designated Agent shall be physically present at the at the property request during any rental period; or ental will not be operated for more than thirty (30) days in any 365-	
SUBMITTAL REQUIRE	EMENTS	
☐ STR application an	d permit fee paid in full	
☐ Site plan showing	improved parking spaces for renter use	
(PHMDC) for the prop	ourist Rooming House License issued by Public Health Madison & Dane Coerty  Seller's Permit, and any other permit or license required to operate the	-
	Requirements for Primary Residency Short-Term Rentals	
<u> </u>	ns of documentation showing the proposed short-term rental is the primrator – refer to Town of Pleasant Springs Ordinance Chapter 11 – 2022-0	-
☐ Operator's Primary	y Residence Affidavit Form (below)	
CERTIFICATION OF EA	ACH OWNER / OPERATOR (Attach copies if needed)	
failure to comply with providing false inform other enforcement m 2022-001 and I will of Pleasant Springs. I un	mation provided on this application is true and accurate. I understand the any applicable provisions of Ordinance Chapter 11 2022-001, including nation on a permit application, is grounds for revocation of my permit, a neasures. I have reviewed the Town of Pleasant Springs Ordinance Chapterate in compliance with the Short-Term Rental regulations in the Town derstand the submission of the application by the Town does not constituted and that a valid short-term rental permit must be issued before the progressed, or rented.	g ind ter 11 n of tute the
Signature		
Printed Name		
Date		
FOR OFFICE USE ONLY		
Permit Application:	☐ Denied ☐ Approved	
Permit Conditions:		

Payment Information:			
Staff Signature:			
		Date:	
-	nary Residence Aff ust submit a separate affido		Parcel # 0611- Permit Number:
LOCATION			
Address of Short-Term	Rental		
	RY RESIDENCE FOR THE PUSPINGS Ordinance Chapter 1		
Additional characterist receives government-is of voter registration, cl	cics of a primary residence in ssued mail, receives a Wisco	nclude, but are not onsin lottery credit, ral income tax form	at individual intends to return. limited to, where an individual claims residence for purposes as, and lists as their address on have only one primary
ATTEST			
and that this is my prin of Pleasant Springs wit primary address. I unde	nary residence as defined al hin three (3) days if for any	oove. I acknowledge reason this address rental license may	dential dwelling listed above e that I am to notify the Town s is no longer considered my be revoked if I am found to not ngs Short-Term Rental
Town of Pleasant Sprin permit in the Town of I 946.32 any person who required by law may be oath that I have carefu	Pleasant Springs. I further u o, under oath, knowingly ma e guilty of a Class H Felony.	022-001 in order to nderstand that purs akes a false stateme With this understar of this Affidavit bef	receive a short-term rental suant to Wisconsin Statute
Operator Signature			
Operator Print Name			
Date			
PUBLIC NOTARY			
Subscribed and sworn	to me before this	_ day of	, 20
		Notary sig	gnature continued next page

My Commission Expires	Notary Print Name  Notary Signature	
		Notary Seal