



**Town of Townsend**  
 P.O. Box 227, 16564 Elm Street  
 Townsend, WI 54175  
 715-276-6856  
 Townsend54175@gmail.com

**Short-Term Rental Application**

**Property Owner Contact Information**

Full Name: \_\_\_\_\_  
 Last First

Mailing Address: \_\_\_\_\_  
 Street Address Apartment/Unit #  
 \_\_\_\_\_  
 City State ZIP Code

Cell Phone: \_\_\_\_\_ Email \_\_\_\_\_

**Property Manager Contact Information (if different than owner)**

Full Name: \_\_\_\_\_  
 Last First

Cell Phone: \_\_\_\_\_ Email \_\_\_\_\_

**Property Information**

Name of Rental \_\_\_\_\_

Short-Term Rental Address: \_\_\_\_\_  
 Street Address Apartment/Unit #  
 \_\_\_\_\_  
 City State ZIP Code

Maximum Occupancy for STR\* \_\_\_\_\_  
 \*occupancy is determined by capacity of private septic system or ATCP 72 for public sanitary

Is the business open year round? YES  NO  # of units: \_\_\_\_\_

Do you use a marketplace provider? YES  NO  Which provider(s)? \_\_\_\_\_

**State Licensing & Insurance Information**

Wisconsin DOR Seller's Permit #: \_\_\_\_\_  
 DATCP Tourist Rooming House Permit #: \_\_\_\_\_  
 Property Insurance Company: \_\_\_\_\_  
 Policy number: \_\_\_\_\_

**For Office Use Only**

**\*\*please remit \$25.00 for processing\*\*** Permit #: \_\_\_\_\_  
 Date: \_\_\_\_\_