



Village of  
**Ashwaubenon**

2155 Holmgren Wy • Ashwaubenon, WI 54304

P: 920.492.2302 F: 920.492.2328

[www.ashwaubenon.gov](http://www.ashwaubenon.gov)

LICENSE EXPIRES EACH YEAR  
(ANNUALLY) ON JUNE 30

TYPE	FEE
<input type="checkbox"/> New	\$500.00
<input type="checkbox"/> Renewal	\$500.00

## Short-Term Rental ANNUAL Application

This completed application must be submitted with all other required documents & fees (paid in full) in order to be accepted. Following submittal of complete application packet and fees, you will be contacted to schedule an inspection.

### Short-Term Rental (STR) Site Information

Address \_\_\_\_\_

Parcel ID # \_\_\_\_\_ Maximum Occupancy: (max 4 guests per bathroom) \_\_\_\_\_

Owner Occupied? YES NO If yes, include copy of driver's license for documentation

### Owner Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

Owner is also Property Manager  YES  NO (If no, complete Property Manager Information below)  
Property Manager Information (if not Owner) Property Manager must reside within 25 miles of Ashwaubenon

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

### Items to Submit with Annual Application (ALL APPLICABLE DOCUMENTS REQUIRED ANNUALLY AT TIME OF SUBMITTAL)

- Copy of State of Wisconsin License for a Tourist Rooming House License issued by Brown County Public Health Division under Wis. Stat. Sec. 254.64 (if in process, provide documentation toward license)
- Copy of completed State Lodging Establishment Inspection form from Brown County Public Health Division dated within one year of the date of issuance or renewal (if in process, provide documentation toward inspection)
- Certificate of dwelling insurance issued by insurance company
- Copy of Seller's Permit from the Department of Revenue (**only if not listing on lodging marketplace (AirBNB, VRBO, etc.)**)
- Floor plan and maximum occupancy (clearly indicate rooms - bedroom, bathroom, 1/2 bath, kitchen, etc.)
- Site plan including available on-site parking (use aerial photo from Brown County GIS website)
- Completed Short Term Rental Property Manager Application (if applicable)

I state that I have read the foregoing answers and the same are true to the best of my knowledge. I understand that any short-term rental license shall comply with all provisions of Ashwaubenon Municipal Code Chapter 6, Article 13, and I hereby certify that the property meets those requirements. I hereby additionally designate the Property Manager, if any, as an agent for the purposes of accepting service of process in any civil action arising out of or in conjunction with the use of this license. Ashwaubenon Municipal Code Section 6-1-59(B)(1)(2) requires that every applicant must disclose on his or her application for any license any and all amounts of money owed to the Village by the applicant or the property's prior owner. Any applicant failing to disclose such debts will not be issued a license until all debts are paid in full. I hereby further certify that I do not have any outstanding debts owing the Village of Ashwaubenon.

Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Remit application, fees and all other required documents to:

Community Development Department, Village of Ashwaubenon, 2155 Holmgren Way, Ashwaubenon, WI 54304

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ \$500 Fee Paid \_\_\_\_\_ Licensing Year: \_\_\_\_\_ License #: \_\_\_\_\_

Outstanding Debts: No Yes If Yes, list type and amount due: \_\_\_\_\_ Amount Due: \$ \_\_\_\_\_

Building/Fire Inspection Date: \_\_\_\_\_ Building/Fire Inspection Passed Date: \_\_\_\_\_

**If license is approved, the Property Owner or Property Manager shall maintain an annual log starting with first guest stay. Log shall be submitted to the Community Development Department every 90 days after even if there were no stays during that period. Log may be downloaded from: <https://ashwaubenon.gov/government/departments/building-inspection/short-term-rentals/>.**