



Village of
Ashwaubenon

2155 Holmgren Way • Ashwaubenon, WI 54304

P: 920.492.2302 F: 920.492.2328

www.ashwaubenon.gov

LICENSE EXPIRES EACH YEAR
(ANNUALLY) ON JUNE 30

TYPE	FEE
<input type="checkbox"/> New	\$100.00
<input type="checkbox"/> Renewal	\$100.00

Short-Term Rental: Property Manager Application

Property Manager must be on call 24/7 and reside within 25 miles of the Village of Ashwaubenon

This completed application must be submitted along with all fees (paid in full)

Applicant Information

Name _____

Address _____

Phone _____ Date of Birth _____ Email _____

Applicant Criminal History

HAVE YOU EVER been convicted of a felony or misdemeanor of any offense involving dishonesty, fraud, deceit, robbery, the use or threatened use of force or violence upon the person of another? Yes / No

If YES, please list all convictions below. If more space needed, please use back of this application.

Year	Offense / Conviction	Agency

Do you have any PENDING charges? Yes / No

If YES, please list pending charges below. If more space needed, please use back of this application.

Year	Offense / Arrest	Agency

Properties Managed (If more space needed, please include additional properties on separate page)

- Address _____
Parcel ID # _____ STR License # _____ Owner Name _____
- Address _____
Parcel ID # _____ STR License # _____ Owner Name _____
- Address _____
Parcel ID # _____ STR License # _____ Owner Name _____
- Address _____
Parcel ID # _____ STR License # _____ Owner Name _____

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 properties meet those requirements. I further acknowledge that I may be the agent for the purposes of accepting service of process in any violation of the Ashwaubenon Municipal Code arising out of or in conjunction with the use of the short-term rental licenses.

Applicant Signature: _____ Date: _____

Remit application & fees to:

Ashwaubenon Community Development Dept., 2155 Holmgren Way, Ashwaubenon, WI 54304

<i>FOR OFFICE USE ONLY</i>	
Date Received: _____	\$100 Fee Paid: <input type="checkbox"/> yes / <input type="checkbox"/> no License #: _____
Criminal History Checked: <input type="checkbox"/> yes / <input type="checkbox"/> no	Employee Initial: _____ Public Safety Check: <input type="checkbox"/> yes / <input type="checkbox"/> no
<input type="checkbox"/> Development Dept. o	D : _____
Explanation, if denied: _____	

Village must be notified in writing when additional properties are added to management