2990 S Pine Tree Road, Hobart, WI 54155

Email: hobart@hobartwi.gov Phone: 920-869-1011

www.hobartwi.gov

Documents Required for Short-Term Rentals

Licensing Period: January 1st through December 31st

APPLICATION WILL NOT BE ACCEPTED FOR PROCESSING UNTIL ALL THE REQUIRED DOCUMENTS LISTED BELOW ARE SUBMITTED TO THE CLERK'S OFFICE AND THE FEE ISPAID IN FULL

- 1. A State of Wisconsin Department of Revenue Seller's Permit
- 2. An employer identification number issued by the Internal Revenue Service (FEIN #)
- 3. A Brown County Public Health Lodging Establishment Inspection form dated within one (1) year of the date of issuance or renewal*
- 4. A Brown County Public Health Tourist Rooming House License*
- 5. Completed Village application form
- 6. Proof of Insurance (appropriate proof showing home is used for a short-term rental)
- 7. Floor plan and requested maximum occupancy
- 8. Site plan that is drawn to scale which includes onsite parking (may be hand drawn or provided by a contractor)
- 9. Designation of Property Manager and required Property Management Agreement (if applicable)
- 10. Hotel, Motel and Short-Term Rental Room Tax License
- 11. Inspection completed by the Village of Hobart Fire Department and Building & Code Compliance Department (Inspection will be scheduled after completed application has been submitted)

*For more information on Brown County Public Health licensing please go to https://www.browncountywi.gov/services/business-licensing/

Once permit is received, the Property Owner or Property Manager shall notify the Clerk's Office **IN WRITING** when the first rental begins. A register of all guests (with true names and addresses) shall be kept intact and available for at least one (1) year.

Licenses are issued for a one-year period and must be renewed annually.



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Supplemental Form – Addition of New Units

Short-Term Rental Application

Licensing Period: January 1st through December 31st

| Fee \$150.00 - Each Additional Unit Added | | | | | | | | | |
|---|-------------------------------|----------------------------|-------------|--|--|--|--|--|--|
| | | | | | | | | | |
| APPLICANT INFORMATION | | | | | | | | | |
| Applicant Identity: Owner OTenant (If tenant, writter | n permission to operate | STR from Prop Owner must b | e attached) | | | | | | |
| Name | Date of Birth | | | | | | | | |
| , | City | Stato | 7in | | | | | | |
| Mailing Address | | | | | | | | | |
| Phone Number | Email | | | | | | | | |
| Maximum Occupancy for Premise | State Lodging License Number* | | | | | | | | |
| Seller's Permit Number* | FEIN Number | | | | | | | | |
| *copies of all permits need to be included with application | | | | | | | | | |
| | | | | | | | | | |
| OWNER INFORMATION SAME AS APPLICANT | | | | | | | | | |
| Name | | Date of Birth | | | | | | | |
| (Last, First, Middle) | | | | | | | | | |
| Mailing Address | City | State | Zip | | | | | | |
| Phone Number | Email | | | | | | | | |
| PROPERTY MANAGER SAME AS A | APPLICANT | | | | | | | | |
| Name | | Date of Birth | | | | | | | |
| (Last, First, Middle) | | | | | | | | | |
| Mailing Address | City | State | Zip | | | | | | |
| Phone Number | Email | | | | | | | | |
| LOCAL 24/7 CONTACT PERSON | SAME AS APPLIC | CANT | | | | | | | |
| Name | | Date of Birth | | | | | | | |
| (Last, First, Middle) | | | | | | | | | |
| Mailing Address (| City | State | Zip | | | | | | |
| Phone Number | Fmail | | | | | | | | |

Please include the following REQUIRED items with this application (Application cannot be submitted without all items included)

| | | 1. | State of Wisconsin Department of Revenue Seller's Permit; | | | | | | | | | | |
|---------------------|-------------------------------------|-----------------------------|--|--|-----------------------------|---------------------------------|--------------|----------------------------|---|------------|---|-------------------------|--|
| | | 2. | An employer identification number issued by the Internal Revenue Service (FEIN#); | | | | | | | | | | |
| - | | 3. | A copy of a completed Brown County Public Health Lodging Establishment Inspection form dated within one (1) year of the date of issuance or renewal; | | | | | | | | | | |
| | | 4. | A copy of the Brown County Public Health Tourist Rooming House License issued under Wis. Stat. Sec 254.64; | | | | | | | | | | |
| | | 5. | Completed Village of Hobart Short-Term Rental application form; | | | | | | | | | | |
| | | 6. | Proof of Insurance as listed in 240-3(14) of the Hobart Municipal Code; | | | | | | | | | | |
| | | 7. | Floor plan and requested maximum occupancy; | | | | | | | | | | |
| | | 8. | Site plan including available onsite parking; | | | | | | | | | | |
| | | 9. | Property Management Agreement (if applicable); | | | | | | | | | | |
| | | 10. | Hotel, Motel and Short-Term Rental Room Tax License | | | | | | | | | | |
| HOBAI applic | RT MUN | IICIPAI or any previo | . CODE Ch license wit us owner c | apter 240 St th the Villag of the premis | nort-Te i e of Ho | r m Rentals obart any | requires the | at every ap ounts of mo | oplicant mus | o the Vill | e on h lage b | nis or her by him or | |
| | | 11 | nereby cer | rtify that I do | not ho | ave any o | utstanding c | debts owed | to the Villa | ge of Ho | bart. | | |
| Applicant Signature | | | | | | D | ate | | | | | | |
| | | | | | | | | | • | | • | ••••• | |
| | | | | | | OFFICE | USE ONLY | | | | | | |
| Date | Filed: | | | | | VIIIAC | E APPROVAL | | License Nu | mber: | | | |
| | Outsta | ındina | Debt: | Yes | | no | EAFFROVAL | Ruilding | Inspection: | | ves | □ no | |
| | Fire Ins | | | Yes | | no | | J | Public Safet | | yes | □ no | |
| | Clerk: | peciic | ··· 🗀 | Approve | □ □ , | Denied | | Ciliei oi | i oblic salei | y | yes | | |
| | CICIK. | | | Apploved | ч Ш | Dellieu | | | | | | | |
| | Village Clerk or Designee Signature | | | | | | | | | | | | |
| | maga diam at 2 ang. ta a ag. tata a | | | | | | | | | | | | |
| lf Der | nied, R | easor | • | | | | | | | | | | |