

# City of Bayfield

125 South First Street - P.O. Box 1170, Bayfield, Wisconsin 54814, Phone (715) 779-5712

## Short Term Rental Application

### Property Owner:

Name:	Phone #:
Property Address:	Cell Phone #:
Mailing Address:	Email Address:
City/State/Zip:	
Number of Units:	Maximum Occupancy:

### Property Manager (required info if using a property manager):

Name:	Phone #:
Property Address:	Cell Phone #:
Mailing Address:	Email Address:
City/State/Zip:	

### Attachments:

Initial	Required Attachments:
	State of Wisconsin Tourist Rooming House License and inspection form dated within one year of the date of issuance; issued by Bayfield County Health Department 715-373-6109.
	Proof of Insurance, covered by a minimum of \$500,000 limit of liability that covers the property and your short-term renters.
	Wisconsin Seller's Permit issued by the Wisconsin Department of Revenue.
	Bayfield Fire Department Inspection dated within one-year of the date of issuance. Contact Roger Branham, Bayfield Fire Department at <a href="mailto:jrmotorworks5@gmail.com">jrmotorworks5@gmail.com</a> .
	Floor Plan; showing units requested.
	Detailed Site Plan; must include but not limited to on-site parking plan.
	Fee: \$750.00, payable to the City of Bayfield.

### Certification:

- I, \_\_\_\_\_ the property owner certifies,
- the property located at \_\_\_\_\_, Bayfield, WI meets the requirements of Chapter 268, Article II Licensing of Short-Term Rentals and Agents, Ordinances 268-6 thru 268-18, Code of the City of Bayfield.
  - I do not have any outstanding fees, taxes or forfeitures owed to the City of Bayfield.
  - My property has no order to bring the property into compliance with City Ordinances.
  - I understand I must obtain a City of Bayfield Room Tax Permit, pay taxes and file quarterly and annual reports.
  - I understand I must obtain a City of Bayfield Sign Permit if requesting signage.
  - I understand all rentals must be to the same one Renter per seven (7) consecutive day period.
  - I understand my permit will expire each calendar year on June 30<sup>th</sup>.

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

Reviewed by _____ on the _____ day of _____, _____.
Approved: _____ Denied: _____ Receipt#: _____
Valid from: _____ through: June 30, _____ Paid: _____ \$750.00