



Short-Term Rental Application

Property Owner Name: _____

Property Owner Mailing Address: _____

Phone number: _____ E-Mail: _____

Designated Property Manager/ Operator's name: _____

Address _____ phone number _____ E-mail _____

The property management contact must be able to respond at all times and to all correspondence related to the short-term rental.

Attach the following to this application:

The Period of Short-Term Residential Rental Operation _____

Proof of valid property and liability insurance for the dwelling unit. _____

Copy of State of Wisconsin Tourist Rental House License. License #: _____

The Maximum Number of Occupants licensed by the State of Wisconsin: _____

City of Tomah Room Tax Permit; Permit Number: _____

A current floor plan for the Short-Term Residential Rental, and Site Plan of the property showing on-site parking spaces and trash storage areas. _____

I hereby acknowledge that the City will notify landowners within 200 feet of the property. _____

I hereby acknowledge that I will post the City issued placard for public view: _____

I hereby acknowledge that No outdoor activity shall occur between 10:00 p.m. and 7:00 a.m _____

Applicant Signature: _____ Date: _____