ANNUAL SHORT-TERM RENTAL APPLICATION

Allouez Village Hall
1900 Libal Street, Green Bay, WI 54301
(920) 448-2800
Fax (920) 448-2850
www.villageofallouezwi.gov

☐ **New $500.00 Fee**

☐ **Renewal $500.00 Fee**
License will expire annually on June 30; applications received after July 1 will include $150.00 late fee.

SHORT-TERM RENTAL (STR) PROPERTY INFORMATION

Address: _____

Parcel ID: AL-_____ Maximum Occupancy: (4 guests per bathroom) _____

Owner Occupied? ☐ YES ☐ NO ***If Yes, include copy of driver license.***

PROPERTY MANAGER/OPERATOR INFORMATION

Name: _____

Address: _____

24 hour Contact No.: (_____) _____ - _____ DOB: _____ / _____ / _____

Email: _____

Do you rent or own this property? ☐ Own ☐ Rent ***If rent, complete Tenant Notification to Property Owner Form***

PROPERTY OWNER INFORMATION *(If different than Property Manager/Operator)*

Property Owner Name: _____

Phone No. (_____) _____ - _____ Email: _____

<u>The following documents are to be submitted with the application</u>:

- ☐ 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
- ☐ 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
- ☐ 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)
- ☐ Floor plan and maximum occupancy (clearly indicate rooms- bedroom, bathroom, ½ bath, kitchen, etc.)
- ☐ Site plan including available on-site parking (use aerial photo from Brown County GIS website)
- ☐ Room Tax Permit Application
- ☐ Tenant Notification to Property Owner Form (if applicable)

Once submitted, contact will be made within two (2) weeks to schedule an inspection.

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 the Village of Allouez Municipal Code Chapter 270 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. The Village of Allouez Municipal Code Chapter 270 requires that every applicant will not be issued a license until all debts are paid in full. I hereby certify that I do not have any outstanding debts owing to the Village of Allouez.

Owner Signature: _____ Date: ____ / ____ / _____

Property Manager Qualifications:

- **Be a natural person or a corporate entity with a representative available twenty-four (24) hours a day and accessible by phone.**
- **Applicant does not have pending any criminal charge and has not 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.**
- **Authorized by the Owner to allow Village employees, officers and their designees, to enter the property for purposes of inspection and enforcement of Ordinance No. 2024-02, Municipal Code Chapter 270.**

I understand that any short-term rental license shall comply with all provisions of the Village of Allouez Municipal Code Chapter 270.

Property Manager/Operator Signature: _____ **Date**: ____ / ____ / _____

For Office Use Only:

Date Received ____ / ____ / _____ $500 Fee Paid ☐ Receipt Number: _____

Permit Number: _____

Background Check Completed ☐

Property Taxes Paid ☐ Yes ☐ No Amount Due: _____ Date Paid: _____ / ____ / _____

Outstanding Village of Allouez Invoices ☐ No ☐ Yes Amount Due: _____ Date Paid: ____ / ____ / _____

Inspection Date ____ / ____ / _____ Inspection by: _____

Date Approved ____ / ____ / _____ Approved by: _____