



Short-Term Rental Application

Annual Fee \$300.00

Date Received: _____ Parcel No. _____

For the license period of July 1, 20____ to June 30, 20____

Internal Revenue Service Employer ID# _____

Property Owner Name: _____

Property Manager Name: _____

24 Hour Phone No. _____ Owner Phone No. _____

Email: _____ (Owner Property Manager)

Business Mailing Address: _____

Rental Physical Address: _____

REQUIRED

	Tourism Rooming House License Permit from the State of WI Department of Agriculture, trade & Consumer Protection under ATCP 72.04
	Completed State Lodging Establishment Inspection dated within 60 days of the date of issuance or renewal
	Proof of casualty and liability insurance issued by an insurance company authorized to do business in the State of Wisconsin, with liability limits of not less than \$300,000 per individual and \$1,000,000 aggregate
	Floor plan sketch of the proposed property for rental with requested maximum occupancy
	Site plan sketch including available onsite parking
	Annual general building and fire inspection
	Short-term rental lease agreement example

I _____ certify that the above property meets the requirements of the Town of Saratoga Short-Term Rental Ordinance.

Signature of Property Owner or Authorized Agent

SUBSCRIBED AND SWORN TO BEFORE ME

This _____ day of _____, 20____

Notary Public
My Commission expires _____