

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 715-209-2030.
	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 have a single-family residential dwelling unit that is offered for rent for seven consecutive days but fewer than 29 days, as defined in Sec. 66.0614(1)(d)(1), Wis. Stats.

Owner Signature: _____ **Date:** _____

Reviewed by _____ on the _____ day of _____, _____.
Approved: _____ Date: _____ Paid: _____ \$750.00 _____
Denied: _____ Date: _____ Receipt#: _____