



CITY OF MARSHFIELD

PERMIT APPLICATION

207 W. 6TH ST, MARSHFIELD, WI 54449

p: (715) 384-3636 | jessica.schiferl@ci.marshfield.wi.us

Short-Term Rental License Application

OFFICE USE ONLY		
Date Received:	Parcel #:	Zoning District:

Property Information		
Site Address:	Owner Address:	
Owner Name:	Owner Phone #:	Owner Email:

Resident Agent (if property owner is the resident agent, note yes in the question box and continue)		
Is Owner the Resident Agent?	Agent Address:	
Agent Name:	Phone #:	Email:

Checklist for Application (submit copies with completed application)
<ul style="list-style-type: none"> County Tourist Rooming House License (issued under Wis. Stat. 254.64 by Marathon or Wood County) State Lodging Establishment Inspection Form (dated within one year of the date of issuance renewal) Room Tax Permit Floor Plan of House Site Plan of Property Seller's Permit (issued by the Wisconsin Department of Revenue, if applicable) Designation of Resident Agent (if applicable)

Fees
Application Fee = \$10.00

I hereby apply for a Short-Term Rental License and I acknowledge that the information above is complete and accurate; that the Short-Term Rental will be in conformance with the ordinances and codes of the City, County, and State; that I understand this is not a license but only an application for a license, and the operation is not to start without a license; and that the Short-Term Rental will be in accordance with any requirements stated in the materials accompanying this application.

Applicant is: Owner Agent

Applicant Signature

Date