



# 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"> <li>County Tourist Rooming House License (issued under Wis. Stat. 254.64 by Marathon or Wood County)</li> <li>State Lodging Establishment Inspection Form (dated within one year of the date of issuance renewal)</li> <li>Room Tax Permit</li> <li>Floor Plan of House</li> <li>Site Plan of Property</li> <li>Seller's Permit (issued by the Wisconsin Department of Revenue, if applicable)</li> <li>Designation of Resident Agent (if applicable)</li> </ul>

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