

# Short-Term Rental Permit Application

## HOW TO APPLY

**1. Submit completed application and attachments by email or mail to or drop off at 4156 County Road B, McFarland, WI 53558.**

To apply via email, you will need digital versions of all the required attachments found below, including a notarized signature on the applicable affidavit form. Complete all required forms before submitting and keep copies for your records. Do not send materials individually. This will cause a delay in processing. Incomplete submittals are not reviewed until all required materials have been submitted.

**2. Pay Application Fee: A non-refundable application fee must be paid upon submission of the Short-Term Rental (STR) application. Make checks payable to Town of Dunn.**

## SUBMITTAL REQUIREMENTS

### Required Submittals for all Short-Term Rental Applications

- STR permit application
- Application fee paid in full
- Site plan indicating parking spaces for renter use

### Additional Submittal Requirements for Primary Residency Short-Term Rentals

- Two separate items of documentation showing the proposed short-term rental is the primary residence of the operator – refer to Town Ordinance 11-24 for a list of acceptable documents.
- Operator's Primary Residence Affidavit Form

## DEFINITIONS

1. *Operator.* The owner, lessee, or property manager of the residential dwelling that has been rented who is operating the short-term rental business including by interacting with guests in person, by phone, or digitally; and being identified in short-term rental listings as the "host." An operator may not be a LLC, trust, nonprofit, or other corporate entity.
2. *Owner.* The individual who or entity that owns the residential dwelling that has been rented.
3. *Primary residence.* A residential dwelling that serves as an individual's true, fixed, and permanent home for at least 183 days in a calendar year and to which, whenever absent therefrom, that individual intends to return. Additional characteristics of a primary residence include, but are not limited to, where an individual receives government-issued mail, receives a Wisconsin lottery credit, claims residence for purposes of voter registration, claims as an address on Federal income tax forms, and lists as their address on state issued identification cards and driver's license. An individual can have only one primary residence.
4. *Property manager.* Any individual that is not the property owner and is appointed to act as agent and provides property management services to one or more short term rentals.
5. *Residential dwelling.* Any building, structure, or part of the building or structure, that is used or intended to be used as a home, residence, or sleeping place by one individual or by 2 or more individuals maintaining a common household, to the exclusion of all others.

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## REGULATIONS

- A valid STR Permit is required by the Town of Dunn before advertising or renting any STR.
- Only the operator, as disclosed on the STR application, may operate the STR.
- STRs can be advertised once the STR permit has been finalized permit.
- STR permit number and minimum stay durations must be clearly listed on ALL advertisings (such as listed first in text narratives).
- If the location of the STR is the operator's primary residence, there is no limit to the number of days the STR may operate as long as the operator is present at the time of the rental. If the operator does not occupy the primary residence at the time of rental, the STR may operate no more than thirty (30) days per licensing year.
- Host name must match the operator on all advertisements and website platforms.
- Maximum guest occupancy is the lesser of twice the number of legal bedrooms or 12. Children under the age of 12 are not counted toward the guest occupancy count.
- STR permit is issued to a specific host for a specific dwelling unit. The permit does not authorize any person, other than the person the person named as the operator on the STR application. Permits are not transferable.
- Violations of regulations is subject to fines of \$300-\$1,000 per day.
- The operator shall provide the Clerk with a report of STR activity for each calendar quarter. Report information shall be completed on the following Town's Short Term Rental Quarterly Report form.
- STR permit may be revoked for failure of operator to comply or maintain compliance with regulations.
- Operator must maintain compliance with regulations throughout the year. If information submitted on the application changes during the year, report changes to the Clerk within three days.

## THIS APPLICATION IS FOR:

- |  |  |
|--|--|
| <input type="checkbox"/> New/Initial Application<br><input type="checkbox"/> Renewal of Permit # _____ | <input type="checkbox"/> STR is <b>not</b> within operator's primary residence <b>or</b> is for more than 2 bedrooms.<br><br><input type="checkbox"/> STR is for 2 bedrooms or less <b>and</b> is within the operator's primary residence.<br><br><input type="checkbox"/> STR is for 2 bedrooms or less <b>and</b> is in a residential dwelling located on the same property as the operator's primary residence. |
|--|--|

## PROPERTY INFORMATION

Property Address			
Max Occupancy (2 guests over 12+, per bedroom)		Min. # of Consecutive Nights for rental	
# Bedrooms in Dwelling		First day of STR operation in permit period (Required in writing by state statute)	
Number of Bedrooms Intended for STR Use		Number of Designated Parking Spaces on the Property Available for Renter Use	

0610-  
Permit Number:

# Short-Term Rental Permit Application

PROPERTY OWNER 1 INFORMATION	
Owner(s) Name	
Mailing Address	
City, State, ZIP	
Telephone	
E-Mail	
PROPERTY OWNER 2 INFORMATION	
Owner(s) Name	
Mailing Address	
City, State, ZIP	
Telephone	
E-Mail	
OPERATOR INFORMATION	
Operator Name	
Primary Residence Address	
City, State, ZIP	
Telephone	
E-Mail	

FOR OFFICE USE ONLY	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Permit Conditions:	
Permit Period:	
Payment Information:	
Staff Signature:	Date:

# Operator's Primary Residence Affidavit Form

0610-  
Permit Number:

Each host and cohost must submit a separate affidavit form.

LOCATION	
Address of Short-Term Rental	
DEFINITION OF PRIMARY RESIDENCE FOR THE PURPOSE OF ORDINANCE 11-24 AND STR	
<p>The Town of Dunn Ordinance 11-24 defines a primary residence as a residential dwelling that serves as an individual's true, fixed, and permanent home for at least 183 days in a calendar year and to which, whenever absent therefrom, that individual intends to return. Additional characteristics of a primary residence include, but are not limited to, where an individual receives government-issued mail, receives a Wisconsin lottery credit, claims residence for purposes of voter registration, claims as an address on Federal income tax forms, and lists as their address on state issued identification cards and driver's license. An individual can have only one primary residence.</p>	
ATTEST	
<p>I attest, by signing below I, _____ (Printed Name), swear or affirm under oath that I am the owner or tenant of the residential dwelling listed above and that this is my primary residence as defined above. I acknowledge that I am to notify the Town of Dunn within three (3) days if for any reason this address is no longer considered my primary address. I understand that my short-term rental license may be revoked if I am found to not be in compliance with the requirements of the Town of Dunn Short-Term Rental Ordinance.</p> <p>I understand that the statement made above regarding my primary residence is required by the Town of Dunn Ordinance 11-24 in order to receive a short-term rental permit in the Town of Dunn for stays of less than 7 consecutive days. I further understand that pursuant to Wisconsin Statute 946.32 any person who, under oath, knowingly makes a false statement when that statement is required by law is guilty of a Class H Felony. With this understanding, I swear or affirm under oath that I have carefully considered the contents of this Affidavit before signing and that the above statement regarding my primary residence is true.</p>	
Operator Signature	
Operator Print Name	
Date	
PUBLIC NOTARY	
Subscribed and sworn to me before this _____ day of _____, 20_____.	
My Commission Expires	
Notary Public Signature	Notary Seal



Check-In Date	Check-Out Date	Duration of stay # of nights	# of Guests Aged over 12/under 12	For Primary Residences: Number of nights operator was present/not present. If bedrooms are rented separately, list each as a separate stay and indicate which bedroom is rented for each stay listed (bedroom #1, #2 ).
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I certify all short-term rental stays have been reported, listed separately, that the duration of each stay is reported, and that the information provided in this report is true, complete, and accurate. I understand providing false information is a violation of Ordinance 11-24. Failure to provide accurate and timely reports may result in revocation of the town short-term rental permit.

\_\_\_\_\_  
Signature of Operator

\_\_\_\_\_  
Date