

# Limited Short-Term Rental Permit Application

0610- Permit Number:
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**THIS APPLICATION IS FOR:**     New/Initial Application     Renewal of Permit # \_\_\_\_\_

This application is for STRs where 1. the rental is the Hosts’ primary residence; 2. the Host **will be** on the premises during guests’ stay; **and** 3. two or less bedrooms will be offered for rent. If the STR does not meet these criteria, please submit the Regular Short-Term Rental Application. Under this permit: there is no limited number of stays during a 365-day period and ad listings shall indicate the Host will be onsite during the duration of a guests’ stay.

**SUBMITTAL REQUIREMENTS**

- STR application and permit fee paid in full
- Site plan indicating parking spaces for renter use
- Two separate items of documentation showing the proposed STR 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

**PROPERTY INFORMATION**

Property Address		# of Bedrooms for STR	
Max Occupancy (2/bedroom)		# of Parking Spaces on Property for Renter Use	

**PROPERTY OWNER INFORMATION** (Names of all officers of corporation, partnership, LLC, organization, trust)

<b>Owner (1) Name</b>	
Mailing Address	
Telephone	
E-Mail	
<b>Owner (2) Name</b>	
Mailing Address	
Telephone	
E-Mail	

**OPERATOR INFORMATION** (Must be a person and not an organization)

<b>Operator Name</b>	
Primary Residence Address	
Telephone	
E-Mail	

**LIST ALL AD PLATFORMS**

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REQUIREMENTS		Initials
STR permit number, maximum occupancy limit, and number of designated parking spaces must appear in all advertisements and listings.		
The STR permit is non-transferable and does not authorize any person, other than the person named therein, to operate a short-term rental home in the residential dwelling.		
A quarterly report, which lists the dates of stay, number of guests for each stay, and a listing of all websites and places where the operator has advertised the short-term rental is required by February 1, May 1, August 1, and November 1 for the preceding calendar quarter.		
CERTIFICATION OF OPERATOR		
I certify that all information provided on this application is true and accurate. I understand that failure to comply with any applicable provisions of Ordinance 11-24, including providing false information on a permit application, is grounds for revocation of my permit, and other enforcement measures. I have reviewed the Town of Dunn Ordinance 11-24 and I will operate in compliance with the Short-Term Rental regulations in the Town of Dunn. I understand the submission of the application by the Town does not constitute the issuance of a permit and that a valid short-term rental permit must be issued before the property can be offered, advertised, or rented.		
Signature		
Printed Name		
Date		

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

# Operator's Primary Residence Affidavit Form

Each host and cohost must submit a separate affidavit form.

0610-  
Permit Number:

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 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. 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 may be 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 Seal