

# Limited Short-Term Rental Permit Application

0610-  
Permit Number: \_\_\_\_\_

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

|  |   |
|--|---|
| <input type="checkbox"/> Host <b>will not</b> be on premises during guests' stay <ul style="list-style-type: none"> <li>• STR limited to a maximum of 30-days in a 365-day period</li> <li>• Permit only valid for the 30-days designated on this application</li> <li>• Calendar must be blocked for all other days not designated</li> </ul> | <input type="checkbox"/> Host <b>will</b> be on premises during guests' stay <ul style="list-style-type: none"> <li>• No limited maximum number of stays during a 365-day period</li> <li>• Listing shall indicate host will be onsite during the duration of a guests' stay</li> </ul> |
|--|---|

**PROPERTY INFORMATION**

|   |  |  |  |
|---|--|--|--|
| Property Address  |  | # of Bedrooms for STR                          |  |
| List dates of 30-days selected for STR use, if applicable |  | 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** (Host name on advertising, must be a person and not an organization)

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

| LIST ALL AD PLATFORMS  |          |
|--|----------|
|  |          |
| 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.  |          |
| If the operator is <u>not</u> staying on the property with guests' during the rental, the STR rental is limited to no more than 30-days within a 365-day period. Operating includes advertising.   |          |
| A quarterly report, which lists the dates of stay, number of guests for each stay, whether or not the operator was present or absent during each date of 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.   |          |
| SUBMITTAL REQUIREMENTS   |          |
| <input type="checkbox"/> STR application and permit fee paid in full<br><input type="checkbox"/> Site plan indicating parking spaces for renter use<br><input type="checkbox"/> 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<br><input type="checkbox"/> Operator's Primary Residence Affidavit Form   |          |
| CERTIFICATION OF OPERATOR  |          |
| <p>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.</p> |          |
| Signature  |          |
| Printed Name   |          |
| Date   |          |

| FOR OFFICE USE ONLY          |   |
|------------------------------|---|
| Permit Application:          | <input type="checkbox"/> Denied <input type="checkbox"/> Approved |
| Permit Conditions:           |   |
| 30-days/365-days STR Period: |   |
| 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 |