

Short Term Rental Application

Application Date: _____

Reason for application:	<input type="checkbox"/> New	<input type="checkbox"/> Change of Operator	<input type="checkbox"/> Other: _____
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Physical Rental Location Information

Name:		
Address:		
City:	State:	Zip:
Phone number:	Cell number:	
Email address:		
Emergency contact name:		Emergency contact number:

Owner Information

Name:		
Address:		
City:	State:	Zip:
Phone number:	Cell number:	
Email address:		

License Fee: \$ _____	Make checks payable to: City of Wauwatosa Submit To: Wauwatosa Health Department 7725 W. North Ave. Wauwatosa, WI 53213
Pre-Inspection Fee: \$ _____ (New Applicants Only)	
Total: \$ _____	

I certify that I am familiar with and agree to comply with all state and local laws, ordinances, and regulations as required in the Wisconsin Short Term Rental Code and Wauwatosa Municipal Code.

Signature: _____ Printed Name: _____ Date: _____

License Description	Fee
Pre-inspection Fee: Short Term Rental	160.00
Short Term Rental Annual Fee (0-4 rooms)	160.00
Expedited processing fee: Includes plan review new/remodel and change of owner; Licenses requested with 3 days of establishment opening or temporary event	10% of license fee or \$5
Excessive Inspection: Escalating fee after the first compliance, re-inspection up to \$200 per inspection	\$160
Late Fee – Licenses	10% of license fee or \$5

For office use only: <input type="checkbox"/> Approve <input type="checkbox"/> Deny
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