



Town of Townsend
 P.O. Box 227, 16564 Elm Street
 Townsend, WI 54175
 715-276-6856
 Townsend54175@gmail.com

Short-Term Rental Application

Property Owner Contact Information

Full Name: _____
 Last First

Mailing Address: _____
 Street Address Apartment/Unit #

 City State ZIP Code

Cell Phone: _____ Email _____

Property Manager Contact Information (if different than owner)

Full Name: _____
 Last First

Cell Phone: _____ Email _____

Property Information

Short-Term Rental Address: _____
 Street Address Apartment/Unit #

 City State ZIP Code

Maximum Occupancy for STR* _____
 *occupancy is determined by capacity of private septic system or ATCP 72 for public sanitary

Is the business open year round? YES NO # of units: _____

Do you use a marketplace provider? YES NO Which provider(s)? _____

State Licensing & Insurance Information

Wisconsin DOR Seller's Permit #: _____
 DATCP Tourist Rooming House Permit #: _____
 Property Insurance Company: _____
 Policy number: _____

For Office Use Only

Permit #: _____
 Date: _____