

Village of Ephraim Short-Term Rental License **Renewal** Application

License Year: 2026 **Renewal Application only.** Must be same ownership as original license application.

RENEWAL: Changes from initial license year/updates. (Please select)
***All renewals must complete Renewal Certification Form.**

☐ **Yes-** there are changes from my initial application. (Complete the entire renewal application and attach a cover letter explaining changes- see checklist on the reverse side.)

☐ **No** - There are no changes from the original application. Please complete sections **1, 2, 3, 6, 7, 8 & 9.**

1

OWNER INFORMATION: * Please provide a mailing address where you can receive mail.

Owner Name:

Owner Street Address *:

City:

State:

Zip:

Phone (24/7) #1:

Phone (24/7)#2:

Email:

2

DESIGNATED AGENT:

Designated Agent Name*:

Designated Agent Street Address:

City:

State:

Zip:

Phone (24/7) #1:

Phone (24/7)#2:

Email:

*Or indicate "same" if the property owner - ***Designated Agent MUST RESIDE w/in 100 miles of the property.***

3

PROPERTY INFORMATION:

Property Tax Parcel ID:

121-

Property Address (Please list all applicable fire numbers):

4

PROPERTY ONLINE ADVERTISING & OCCUPANCY INFORMATION:

Unit #1 Information:

Unit #2 Information:

Unit #3 Information:

Unit #4 Information:

Address:

Address:

Address:

Address:

of bedrooms:

of bedrooms:

of bedrooms:

of bedrooms:

of occupants:

of occupants:

of occupants:

of occupants:

Online Listing IDs:

Online Listing IDs:

Online Listing IDs:

Online Listing IDs:

Airbnb ID#:

Airbnb ID#:

Airbnb ID#:

Airbnb ID#:

VRBO ID#:

VRBO ID#:

VRBO ID#:

VRBO ID#:

Other ID#:

Other ID#:

Other ID#:

Other ID#:

Other ID#:

Other ID#:

Other ID#:

Other ID#:

ADVERTISED # OF BEDROOMS FOR YOUR ONLINE LISTING(S):

ADVERTISED # OF OCCUPANTS FOR YOUR ONLINE LISTING(S):

DO YOU DIRECT BOOK YOUR PROPERTY (Rental transaction completed between owner and guest (no third party such as Airbnb/VRBO)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes to Direct Booking, please complete the following information:			
WI DOR Seller's Permit Number:	456-		
WI DOR PRAT Reg. Number	020-		
5	SANITARY INFRASTRUCTURE		
Sanitary Infrastructure:	Municipal Sewer <input type="checkbox"/>	Holding Tank <input type="checkbox"/>	POWTS <input type="checkbox"/>
If Municipal Sewer, please list your Village of Ephraim Sewer Account Number:			
IF PROPERTY IS SERVICED BY PRIVATE ONSITE WASTEWATER "POWTS" TREATMENT SYSTEM COMPLETE THE NEXT SECTION. Please provide information for each unit. If necessary please attach detailed information for each unit.			
DOOR COUNTY SANITARIAN POWTS PERMIT #:			
NUMBER OF BEDROOMS PERMIT ISSUED FOR (Design Capacity):			
OCCUPANCY CALCULATION FOR PROPERTIES SERVICED BY POWTS:			
Door County Sanitarian permitted number of bedrooms for POWTS system : _____			
Permitted Number of Bedrooms _____ x 2 = _____ (Permitted Occupancy as defined by the Ephraim Code of Ordinances)			
5	REFUSE/RECYCLING PLAN:		
REFUSE/RECYCLING PLAN:			
6	Once I receive my Village of Ephraim permit number, I will add this information to any and all online listings. Please initial: _____		
7	I have read the Village of Ephraim Short-Term Rental ordinance in its entirety. Please initial: _____		
I certify that I am the owner of the property that is the subject of this License Application. I certify that the information contained in this form and the attachments are true, accurate, and complete. I agree to comply with all applicable State, County, and Municipal Codes, statutes, and ordinances and with the conditions of the License. I understand that the issuance of the License creates no legal liability expressed or implied on the municipality. Proof of the License and Good Neighbor Best Practices/Property Rules shall be posted in a conspicuous location at all times while the property is rented. I understand that failure to comply with any and all provisions of the Village of Ephraim Short-Term Rental Ordinance may result in license suspension, revocation, non-renewal, and penalties.			
8	Owner Signature _____		Date: _____
9	Renewal Checklist		
<input type="checkbox"/> Completed Village of Ephraim STR Renewal Application and payment of renewal fee. (If necessary late fee). <input type="checkbox"/> DATCP Tourist Rooming House License (attach a copy). (Renewal: License dates extend from July 1 through June 30 of the following year) <input type="checkbox"/> Copies of Neighbor Notification letters: If there were changes to your contact information or designated agent representation - neighbor notification letters will need to be resent. Provide a copy of EACH notification letter with your application. (Commercial district properties are exempt to this requirement.) Please contact the office for assistance with addresses. <input type="checkbox"/> Complete and include STR license renewal certification.			
Internal Use Only			
Date Received:			
License Number:			
Tax Parcel:			
Property Address:			
Sanitary Setup:			
Occupancy:			
Date Issued:			
Violations:			
Village Fee Status:			
Notes:			