

TOWN OF LAFAYETTE

5765 197TH ST
CHIPPEWA FALLS, WI 54729
715-723-7692

Application for Short Term Rental License

FEES: \$100.00 Initial \$50.00 Annual Renewal (circle one)

Annual Application due by Nov. 15th prior to license expiration.

Exception: Send by Dec. 1st 2020

Establishment Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Owner's Name: _____

Owner's Phone Number: _____ Cell # _____

Property Manager's Name and Phone # if different from above

Email Address: _____

Establishment Phone Number: _____

Average amount of Days in Business Annually: _____

Typical days/months in business throughout the year: _____

Certificate of Liability Insurance Included: Yes _____ No _____ Seller's Permit # _____

Legal Description of short-term rental:

To the local governing body of the **Town of Lafayette**, County of **Chippewa**, Wisconsin. The undersigned hereby make application for a license *to engage in* the retail of rooms or lodging business. The applicant agrees to comply with and be bound by all the laws, ordinances, rules, regulations and penalties governing the business for which this license is applied for.

Signed: _____ Date: _____

Printed Name: _____

Upon receipt of your payment & all other required documents and final approval of the application you will receive a license showing the payment of the sum of \$100.00 Initial or \$50.00 renewal fee for this license.

Make checks payable to the Town of Lafayette.

Office Use Only

Payment Received: Yes _____ No _____ Payment Received On-Time: Yes _____ No _____

Date Received Application: _____ \$25 Late Fee Due: Yes _____ No _____

Certificate of Insurance Received: Yes _____ No _____ Seller's Permit Received: Yes _____ No _____

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