



**RESIDENCE AFFIDAVIT  
in support of  
SHORT-TERM RENTAL LICENSE  
APPLICATION**

**Staff/Office Use:**

License No. \_\_\_\_\_  
License Issued: \_\_\_\_\_  
Expiration Date: June 30, \_\_\_\_\_  
Tax Parcel No: 022 - \_\_\_\_\_  
Property Address: \_\_\_\_\_  
Maximum Occupancy: \_\_\_\_\_

1. **Address of Short-Term Rental Property:** \_\_\_\_\_

2. **Definition of Owner-Occupied and Primary Residence.** “**Owner-Occupied**” means the Property Owner permanently resides at the premises that is considered their Primary Residence and remains at the Short-term Rental through the night and does not reside elsewhere when transient guests have reserved the Short-term Rental for a period of less than seven (7) consecutive days.

“**Primary Residence**” means 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 from, that individual intends to return. Additional characteristics of a Primary Residence include, but are not limited to, where an individual receives mail, claims residence for purposes of voter registration, pays for utilities, and lists as their address on state issued identification cards. An individual can have only one primary residence.

3. **Attest:** By signing below, I, \_\_\_\_\_ (printed name) swear or affirm under oath that I am the owner of the dwelling listed above and that this is my primary residence, as defined above. I acknowledge that I am to notify the Town of Sevastopol within three (3) days if, for any reason, this address is no longer considered my primary residence. I understand that my short-term rental license may be revoked or suspended if I am found to not be in compliance with the Town’s ordinance and penalties may be incurred.

I further understand that the statement made above regarding my primary residence is in support of the Town of Sevastopol’s Short-Term Rental of Residential Dwellings Ordinance No. 01-2023. I further understand that pursuant to Wis Stats., Sec. 946.32, any person who, under oath, knowingly makes a false statement when that statement is required by law, is 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.

Owner/Operator Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_  
Signature of Notary Public

My commission expires: \_\_\_\_\_