

**TOWN OF LIBERTY GROVE
APPLICATION FOR SHORT-TERM RENTAL LICENSE**

(Renewal applications are due 45 days prior to license expiration per Ord 11-21)

Address of STR: _____ Parcel #: _____

MAXIMUM occupancy for the dwelling: _____ (2 persons per bedroom of POWTS design)

Number of actual bedrooms within STR: _____

Owner Name: _____ Phone #: _____

Mailing Address: _____

Applicant (if not owner) Name: _____ Phone #: _____

Mailing Address: _____

Designated operator (if different from above) Name: _____

Mailing Address: _____ Phone #: _____

Promoter/Sponsor (if different from above) Name: _____

Mailing Address: _____ Phone #: _____

Include the following with this application:

_____ Copy of current Department of Agriculture, Trade and Consumer Protection (DATCP) rooming house license or confirmation of application.

_____ Copy of current inspection report as received from DATCP

_____ Copy of current Door County Tourism Zone Commission (DCTZC) license

_____ Proof of design capacity of Private Onsite Wastewater Treatment System (POWTS) from Door County Sanitarian

_____ Proof of casualty and liability insurance issued by insurance company authorized to do business in the State of Wisconsin, identifying the property as used for rental, short-term or otherwise.

****FOR OFFICE USE ONLY****

Date Application received: _____ Payment received: _____

Date presented to Town Board: _____ NEW (\$250) RENEWAL (\$150)

APPROVED

DENIED

License number issued: _____ Date permit sent: _____

_____ Good Neighbor policy (for posting) sent _____ Current STR Ordinance sent