

TOWN OF LIBERTY GROVE
APPLICATION FOR SHORT-TERM RENTAL LICENSE

(Renewal applications must be submitted to the Town Clerk 45 days prior to license expiration per Ord 10-22)

Address of dwelling: _____

Parcel #: _____ Number of actual bedrooms: _____

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

Identification numbers for all marketplace platforms: _____

Owner Name: _____ Phone: _____

Mailing Address: _____

Owner Email address: _____

Designated operator/agent (if not owner) Name: _____

Mailing Address: _____ Phone #: _____

Agent/Operator Email address: _____

Include the following with this application:

_____ Copy of current Department of Agriculture, Trade and Consumer Protection (DATCP) rooming house license
https://datcp.wi.gov/Pages/Programs_Services/TouristRoomingHouses.aspx

_____ Copy of current Door County Tourism Zone Commission (DCTZC) license
<https://www.doorcountytourismzone.com>

_____ Proof of design capacity of Private Onsite Wastewater Treatment System (POWTS)
<https://www.citysquared.com/#/app/DoorCountyWI/landing>

_____ 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: _____ \$450 Payment received: _____

Date presented to Town Board: _____ NEW RENEWAL

APPROVED

DENIED

License number issued: _____ Date permit sent: _____

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