
Documents Required for Short-Term Rentals

Licensing Period: January 1st through December 31st

APPLICATION WILL NOT BE ACCEPTED FOR PROCESSING UNTIL ALL THE
REQUIRED DOCUMENTS LISTED BELOW ARE SUBMITTED TO THE CLERK'S OFFICE
AND THE FEE IS PAID IN FULL

1. A State of Wisconsin Department of Revenue Seller's Permit
2. An employer identification number issued by the Internal Revenue Service (FEIN #)
3. A Brown County Public Health Lodging Establishment Inspection form dated within one (1) year of the date of issuance or renewal*
4. A Brown County Public Health Tourist Rooming House License*
5. Completed Village application form
6. Proof of Insurance (appropriate proof showing home is used for a short-term rental)
7. Floor plan and requested maximum occupancy
8. Site plan that is drawn to scale which includes onsite parking
(may be hand drawn or provided by a contractor)
9. Designation of Property Manager and required Property Management Agreement
(if applicable)
10. Hotel, Motel and Short-Term Rental Room Tax License
11. Inspection completed by the Village of Hobart Fire Department and Building & Code Compliance Department (Inspection will be scheduled after completed application has been submitted.)

*For more information on Brown County Public Health licensing please go to
<https://www.browncountywi.gov/services/business-licensing/>

Once permit is received, the Property Owner or Property Manager shall notify the Clerk's Office **IN WRITING** when the first rental begins. A register of all guests (with true names and addresses) shall be kept intact and available for at least 1 year.

Licenses are issued for a one-year period and must be renewed annually.

Short-Term Rental Application

Licensing Period: January 1st through December 31st

Fee

\$200.00 – Initial & Renewal Short-Term Rental Application

\$150.00 – Each Additional Unit Added

Property Address _____ Parcel # _____

APPLICANT INFORMATION

Applicant Identity: Owner Tenant (if tenant, written permission to operate STR from Prop Owner must be attached)

Name _____ Date of Birth _____
(Last, First, Middle)

Mailing Address _____ City _____ State ____ Zip _____

Phone Number _____ Email _____

Maximum Occupancy for Premise _____ State Lodging License Number* _____

Seller's Permit Number* _____ FEIN Number _____

*copies of all permits need to be included with application

OWNER INFORMATION

SAME AS APPLICANT

Name _____ Date of Birth _____
(Last, First, Middle)

Mailing Address _____ City _____ State ____ Zip _____

Phone Number _____ Email _____

PROPERTY MANAGER

SAME AS APPLICANT

Name _____ Date of Birth _____
(Last, First, Middle)

Mailing Address _____ City _____ State ____ Zip _____

Phone Number _____ Email _____

LOCAL 24/7 CONTACT PERSON

SAME AS APPLICANT

Name _____ Date of Birth _____
(Last, First, Middle)

Mailing Address _____ City _____ State ____ Zip _____

Phone Number _____ Email _____

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**Please include the following REQUIRED items with this application
(Application cannot be submitted without all items included)**

<input type="checkbox"/>	1.	State of Wisconsin Department of Revenue Seller's Permit;
<input type="checkbox"/>	2.	An employer identification number issued by the Internal Revenue Service (FEIN#)
<input type="checkbox"/>	3.	A copy of a completed Brown County Public Health Lodging Establishment Inspection form dated within one (1) year of the date of issuance or renewal;
<input type="checkbox"/>	4.	A copy of the Brown County Public Health Tourist Rooming House License issued under Wis. Stat. Sec 254.64;
<input type="checkbox"/>	5.	Completed Village of Hobart Short-Term Rental application form;
<input type="checkbox"/>	6.	Proof of Insurance as listed in 240-3(14) of the Hobart Municipal Code;
<input type="checkbox"/>	7.	Floor plan and requested maximum occupancy;
<input type="checkbox"/>	8.	Site plan including available onsite parking;
<input type="checkbox"/>	9.	Property Management Agreement (if applicable);
<input type="checkbox"/>	10.	Hotel, Motel and Short-Term Rental Room Tax License

I certify that I have read the foregoing answers and the same are true to the best of my knowledge. I understand that any short-term rental license is required to comply with all provisions of Chapter 240 Short-Term Rentals of the Hobart Municipal Code and I hereby certify that the property meets those code requirements. I hereby additionally designate the listed Property Manager as an agent for the purposes of accepting service of process in any civil action arising out of/or in conjunction with the use of this license, in the event I cannot, after reasonable effort, be served personally.

Applicant Signature _____ **Date** _____

HOBART MUNICIPAL CODE Chapter 240 Short-Term Rentals requires that every applicant must disclose on his or her application for any license with the Village of Hobart any and all amounts of money owed to the Village by him or her or by the previous owner of the premises to be licensed. Any applicant failing to disclose such debts will have his or her license revoked.

I hereby certify that I do not have any outstanding debts owed to the Village of Hobart.

Applicant Signature _____ **Date** _____

OFFICE USE ONLY

Date Filed: _____

License Number: _____

VILLAGE APPROVAL

Outstanding Debt: yes no

Building Inspection: yes no

Fire Inspection: yes no

Chief of Public Safety: yes no

Clerk: Approved Denied

Village Clerk or Designee Signature

If Denied, Reason: _____



2990 S Pine Tree Road, Hobart, WI 54155

Email: hobart@hobartwi.gov

Phone: 920-869-1011

www.hobartwi.gov

HOTEL, MOTEL AND SHORT-TERM RENTAL ROOM TAX LICENSE

Licensing Period: January 1st through December 31st

NAME OF ESTABLISHMENT _____

ADDRESS OF ESTABLISHMENT OR SHORT-TERM RENTAL

OWNER _____

OWNER'S ADDRESS _____

TELEPHONE NUMBER _____

EMAIL ADDRESS _____

If Corporation, NAME OF REGISTERED AGENT _____

If Corporation, NAME OF RESIDENT MANAGER _____

STATE SALES TAX NUMBER _____

NUMBER OF ROOMS _____

The applicant hereby authorizes the Hobart Village Treasurer to make the necessary examination and inspection of all books, records and memoranda as required ensuring the enforcement of all provisions of Article IV (Hotels, Motels and Room Tax Ordinance) of Chapter 40 (Finance and Taxation) of the Hobart Municipal Code.

SIGNATURE OF APPLICANT

DATE

SUBMIT COMPLETED APPLICATION TO:

Village of Hobart
Office of the Treasurer
2990 South Pine Tree Road
Hobart, WI 54115

Account #: BARTC

THE 8% ROOM TAX, collected on retail room rental or lodging is due and payable on or before the 20th day of the following month. Make check, draft, money order payable, or electronic payment(1) to: Associated Trust Company and return with copy to:

*** Associated Trust Company, Attn: Corporate Trust, 200 N Adams St, Green Bay, WI 54301 ***

Unpaid taxes bear interest at 1.0% per month from the due date and the assessment of a \$100.00 late fee.

PART I - Facility, Owner and Preparer Information

Tax Report for: | Month: | Year: | Permit No:

I declare under penalty of perjury that the room sales information contained on this document and any accompanying documents is true and correct, with full knowledge that all information made on this document are subject to investigation and that any false information may be grounds for legal action.

Facility Name & Address: Owner Name & Address: Preparer Information

Name Name Preparer Name

Street, Suite, PO Box Street, Suite, I O Box Preparer Phone Number

City, State Zip City, State Zi p Preparer Signature

PART II - Short Term Rental Information

If you rented through AirBNB, VRBO or similar web-based lodging marketplaces who have collected on your behalf, please include in your totals above AND provide detailed information below for each marketplace. Failure to provide exempt tax receipt information will deem the room tax delinquent and late fees and interest will be assessed.

Table with 5 columns: AirBNB, VRBO, Other (1), Other (2), Total. Rows include Gross Room Nights Sold, Tax Exempt Room Nights Sold, Total Room Sales Revenue, Less: Tax Exempt Room Sales Revenue, Total Taxable Room Sales, 8% Room Tax, Late Filing Fee, Interest, and TOTAL TAX DUE.

Contact Associated Trust Company directly at 920-433-3275 for electronic submission (payment) instructions.

PART III - Tax Exempt Guest Information for Short-Term Rentals

Please summarize all tax exempt guest information below. Failure to provide exempt tax receipt information will deem the room tax delinquent and late fees and interest will be assessed.

Tax Exempt Organizations - List the organization name(s) and the corresponding number of nights stayed

Table with 4 columns: Name(s) of Organization(s), Nights, Name(s) of Organization(s), Nights. Includes blank rows for data entry.

Customers Staying 30 Days or More

Number of Different Customers Number of Room Nights Sold Total Tax-Exempt Room Nights Sold