

## **VNB Vacation Rental Establishment**

## LICENSE APPLICATION - COMPLETE BOTH SIDES

Pursuant to the Village of North Bay Municipal Code Chapter 11

PLEASE COMPLETE ALL FIELDS.					
LICENSING PERIOD:	APPLICATION DATE:				
JULY 1, 20 TO JUNE 30, 20					
180-DAY ANNUAL PERIOD COMMENCED ON:	DATES REQUESTED BY THIS APPLICATION:				
SECTION 1 PROPERTY INFORMATION					
ADDRESS:	ESTABLISHMENT NAME:				
TOTAL SQUARE FOOTAGE OF PRINCIPAL STRUCTURE TO BE USED:	TOTAL NUMBER AND TYPES OF BEDS AVAILABLE FOR USE:				
TOTAL NUMBER OF OCCUPANTS:					
ECTION 2 OWNER INFORMATION					
NAME:	NAME OF BUSINESS, LLC, OR CORPORATION, IF APPLICABLE:				
STREET ADDRESS:	CITY, STATE, ZIP:				
PHONE NUMBER:	EMAIL ADDRESS:				
SECTION 3 OPERATOR CONTACT INFORMATION	· · · · · · · · · · · · · · · · · · ·				
NAME	MANAGEMENT COMPANY NAME, IF APPLICABLE				
STREET ADDRESS	CITY, STATE, ZIP				
PHONE NUMBER	EMAIL ADDRESS				
SECTION 4 AGENT CONTACT INFORMATION (If owner	er resides more than 20 miles from the vacation establishment.)				
NAME	MANAGEMENT COMPANY NAME, IF APPLICABLE				
STREET ADDRESS	CITY, STATE, ZIP				
PHONE NUMBER	EMAIL ADDRESS				
SECTION 5 TENANT CONTA	CT INFORMATION				
NAME	MANAGEMENT COMPANY NAME, IF APPLICABLE				
STREET ADDRESS	CITY, STATE, ZIP				
PHONE NUMBER	EMAIL ADDRESS				
STREET ADDRESS	CITY, STATE, ZIP				

## SIDE 2 OF 2 - COMPLETE BOTH SIDES

SECTION 6 REAL AND PE		TY THAT MAY	BE USED DURING TH	E VACATION RENTAL		
House			Guest House			
Dock			Golf Cart			
Garage			Boat House			
Other (specify):			Boats/Personal W	atercraft - List all		
SECTION 7 THE FOLLOW	ING MUST BE ATT	ACHED TO TI	HIS APPLICATION:			
Photocopy of Prope	erty Owner's Drivers	License(s)				
A copy of the Wisco	onsin State Tourist R	looming House	License for the vacation	ı rental establishment.		
I I	rental establishmen e Section vacation r	•		ilding code as required by WI		
Proof of property a	nd liability insuranc	e covering the	vacation rental establish	nment property and use.		
Proof that the prop	erty is connected to	a municipal s	ewer system or that the	septic system is property size		
and maintained for	purposes proposed	l <b>.</b>				
Proof of parking as	Proof of parking as required is available.					
Proof how the prop	Proof how the property lines are delineated and property address is displayed.					
The applicable payr	The applicable payment fee is enclosed.					
The license fee is not prorat OPERATING WITHOUT A PE All establishments will need Incomplete applications will Upon approval, the permit NO TOURIST ROOMING HO	RMIT/LICENSE WILL d an inspection befor ll be returned. ALL Al will be issued within	RESULT IN A P e a new permi PPLICATIONS A thirty (30) day	ENALTY ACCORDING TO I :/license is granted. RE SUBJECT TO APPROVA s.	MUNICIPAL AND STATE CODES		
REGISTRATION TYPE -	(Check one)	_	New Registration Renewal	\$750.00 \$750.00		
	_		-	in 15 days of the change.		
SIGNII	NG BELOW INDICA	TES YOU AG	REE TO THE ABOVE TE	RMS.		
PROPERTY OWNER SIGNATURE		PRINT	NAME			
TITLE		 DATE				
ice Use Only						
TE PAID	PAYOR		CHECK #	AMOUNT		
ALTH DEPT SPECTION	BUILDING INSPECTION		FIRE INSPECTION	PROCESSED BY		