

**THE TOWN OF WEST BEND, WASHINGTON COUNTY  
APPLICATION FOR SHORT-TERM RENTAL LICENSE**

Please print clearly or type

Property Address: \_\_\_\_\_ Date: \_\_\_\_\_

Owner/Operator: \_\_\_\_\_

Address of Owner/Operator: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Business Location:  
(If different than mailing address) \_\_\_\_\_

Wisconsin Seller's Permit Number: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Number of Units for rent: \_\_\_\_\_

Use this space for any additional comments

I hereby certify that the information provided above is true and correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Complete and return this application along with a copy of your WI sellers tax permit and your State of Wisconsin Tourist Rooming House License to:

The Town of West Bend  
6355 CTH Z  
West Bend, WI 53095  
Phone: (262)338-3417

For Town Use Only

Date Issued: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Signed: \_\_\_\_\_