*TOWN OF CABLE*

*43395 Randysek Rd., PO Box 476 Cable, WI 54821 715-798-4440*

Short Term Rental Application

Property Owner:

|  |  |
| --- | --- |
| Name: | Phone#: |
| Property Address: | Cell Phone#: |
| Mailing Address: | Email Address: |
| City/State/Zip: | Parcel ID #: |
| Number of Units: | Maximum Occupancy: |

Emergency Contact (available 24/7 and located within l hour of rental property):

|  |  |
| --- | --- |
| Name: | Phone#: |
| Property Address: | Cell Phone#: |
| Mailing Address: | Email Address: |
| City/State/Zip: |  |

Attachments:

|  |  |
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| Initial  | Required Attachments: |
|  | State of Wisconsin Tourist Rooming House License and inspection form dated within one year of the date of issuance; issued by Bayfield County Health Dept. 715-373-6109 |
|  | Proof of Insurance, covered by a minimum of $500,000 limit liability that covers the property and your short term renters. Required Annually. |
|  | Wisconsin Seller's Permit issued by the Wisconsin Department of Revenue. |
|  | Floor Plan; showing units requested. |
|  | Detailed Site Plan; must include but not limited to on-site parking plan. |
|  | Initial and Annual Fee: $300.00, payable to the Town of Cable. Due annually by March 31. Above requirements are not necessary for an annual application, only initial. Due April 30, 2025 |

Certification:

I, the property owner certifies,

1. The property located at Cable WI meets the requirements of Chapter 268, Article Il Licensing of Short Term Rentals and agents Ordinance 40-19, Code Town of Cable.
2. Do not have any outstanding fees, taxes or forfeitures owed to the Town of Cable.
3. My property has no order to bring the property into compliance with Town Ordinances.
4. I understand I must obtain a Town of Cable Room Tax Permit, pay taxes and file quarterly and annual reports.
5. I have a single-family residential dwelling unit that if offered for rent for seven consecutive days but fewer than 29 days and defined in Sec.66.0641(1)(d)(1), Wis.Stats.

Owner Signature: Date:

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| Reviewed by on the  day ofApproved: Date:  Paid: $300.00Denied: Date: Receipt #: |