

# Town of Lyndon

## Initial Tourist Rooming House/Short-Term Rental License Application

Applicant Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Property Address/Location \_\_\_\_\_

Parcel Number \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number of each and every owner of the proposed Rooming House  
\_\_\_\_\_

Number of Bathrooms in Rooming House \_\_\_\_\_

Number of Bedrooms in Rooming House \_\_\_\_\_

Total Occupants applied for \_\_\_\_\_

Sales Tax Number (Issued by WI Dept. of Revenue) \_\_\_\_\_

If the applicant is not a natural person (i.e. if the applicant is a corporation, LLC, or other entity) the identity and contact information of the officers, directors, members, managers and agents shall also be provided. \_\_\_\_\_  
\_\_\_\_\_

If applicable, the name, mailing address, e-mail address, and phone number of the Resident Agent, along with a copy of the written document by which the Resident Agent was appointed by the Owner  
\_\_\_\_\_  
\_\_\_\_\_

If applicable, the name, mailing address, e-mail address, and phone number of the Property Manager, along with a copy of the written document by which the Property Manager was appointed by the Owner  
\_\_\_\_\_  
\_\_\_\_\_

A copy of the completed Lodging Establishment Health Inspection report for inspection completed for State licensing. (Contact Wood County Health Dept.)

A copy of the Tourist Rooming House License issued by the State (This is completed by and obtained from Wood County Health Dept.)

A certificate of insurance confirming that the Owner has the insurance required herein, see below.

**(7) INSURANCE: Each Rooming House shall carry casualty and liability insurance which specifically provides coverage for injury and damages arising out of the operation of a Short-Term Rental at the Rooming House**

An interior floor plan of the Rooming House, drawn to scale, showing the following:

1. The layout of each floor of the Rooming House;
2. Calculation of the living space in the Rooming House;
3. The location of each Bedroom in the Rooming House, the dimensions of each Bedroom with the size and location of beds on the floor plan, the sleeping capacity of each Bedroom, and the location of each means of exit from each Bedroom.
4. If applicable, the location of each fireplace and a copy of the posted instructions for safe operation of the fireplace.
5. If applicable, the location of each grill and copy of the instructions for safe operation of the grill.

An exterior site plan, drawn to scale, showing the following:

1. The Rooming House;
2. All other structures on the lot upon which the Rooming House is located;
3. The location of the driveway;
4. The location of the public road;
5. The location of all parking, along with an explanation of how the parking meets the requirements of this Subchapter.

**(j) Property Owner/License Holder Signature & Date** \_\_\_\_\_

Your signature above will indicate that all the above information is true and correct to your knowledge and that by applying for this License, that I am bound to all Municipal Codes including Chapter 15, Subchapter 5 and any other codes or regulations that may apply. I also grant that an inspection of this property be conducted by the Town Housing Inspector prior to approval of this license.

**(k) Initial Application Fee is \$500 to be included and sent to:**

Town of Lyndon Clerk  
W3080 Mitchell Rd  
Lyndon Station WI 53944

