



Town of Lakewood
17181 Twin Pines Rd
Lakewood Wi 54138
715-276-3579

Short Term Rental Application

Property Owner Contact Information

Full Name: _____
Last *First*

Mailing Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Cell Phone: _____ Email _____

Property Manager Contact Information (if different than owner)

Full Name: _____

Address: _____

Cell Phone: _____ Email _____

Property Information

Short-Term

Rental Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Maximum Occupancy for STR* _____

*occupancy is determined by capacity of private septic system or ATCP 72 for public sanitary

Is the business open year round? YES NO # of units: _____

Do you use a marketplace provider? YES NO Which provider(s)? _____

State Licensing & Insurance Information

Wisconsin DOR Seller's Permit #: _____

DATCP Tourist Rooming House Permit #: _____

Property Insurance Company: _____

Policy number: _____

For Office Use Only

Date Issued: _____

Permit #: _____