



Town of Gibraltar
PO Box 850
Fish Creek, WI 54212
(920) 868-1714
clerk@townofgibraltar.us

\$100 annual license fee
\$100 late fee after February 1st

Town of Gibraltar Short Term Rental License

SHORT TERM RENTAL PROPERTY INFORMATION

BUSINESS NAME _____
BUSINESS MAILING ADDRESS _____
BUSINESS PHONE _____ BUSINESS EMAIL _____
PROPERTY ADDRESS _____
EMERGENCY CONTACT (MUST BE WITHIN 45 MINUTES) _____ EMERGENCY PHONE _____
EMERGENCY CONTACT ADDRESS _____
IS YOUR BUSINESS SEASONAL? YES NO IF YES, DATE OPEN: _____ DATE CLOSED _____

APPLICANT INFORMATION

APPLICANT IDENTITY: OWNER PROPERTY MANAGER / DESIGNATED OPERATOR
(If property manager, written permission to operate Short Term Rental from Property Owner must be attached)

NAME _____
MAILING ADDRESS _____
PHONE NUMBER _____ EMAIL _____

PROPERTY OWNER INFORMATION (IF DIFFERENT FROM ABOVE)

NAME _____
MAILING ADDRESS (INCLUDE CITY, STATE, ZIP) _____
PHONE NUMBER _____ EMAIL _____

PLEASE COMPLETE SIDE TWO

TOWN OF GIBRALTAR

- _____ NEW APPLICATION: SIGN AT BOTTOM AND ATTACH A COPY OF ALL DOCUMENTS / FORMS LISTED BELOW
- _____ RENEWAL APPLICATION: YOUR PAPERWORK IS ALREADY ON FILE. ONLY ATTACH PAPERWORK IF THERE ARE CHANGES. PLEASE SIGN AT THE BOTTOM OF THIS PAGE

PLEASE NOTE: THE FOLLOWING FORMS ARE REQUIRED TO BE ON FILE WITH THE TOWN HALL FOR ALL SHORT TERM RENTALS. APPLICATION WILL NOT BE ACCEPTED FOR PROCESSING UNTIL ALL REQUIRED DOCUMENTS LISTED BELOW ARE SUBMITTED:

(PLEASE REFERENCE TOWN OF GIBRALTAR ORDINANCE 2021-07: OPERATING A SHORT TERM RENTAL)

_____ TOURISM ROOMING HOUSE LICENSE PERMIT FROM THE STATE OF WISCONSIN DEPARTMENT OF AGRICULTURE, TRADE & CONSUMER PROTECTION UNDER ATCP 72.04

_____ COMPLETE STATE LODGING ESTABLISHMENT INSPECTION, MOST RECENT INSPECTION

_____ PROOF OF CASUALTY AND LIABILITY INSURANCE ISSUED BY AN INSURANCE COMPANY AUTHORIZED TO DO BUSINESS IN THE STATE OF WISCONSIN, WITH LIABILITY LIMITS OF NOT LESS THAN \$300,000 PER INDIVIDUAL AND \$1,000,000 AGGREGATE

_____ FLOOR PLAN OF THE PROPOSED PROPERTY FOR RENTAL WITH REQUESTED MAXIMUM OCCUPANCE

_____ SITE PLAN INCLUDING AVAILABLE ONSITE PARKING

_____ ROOM TAX PERMIT

_____ PROOF OF GARBAGE DISPOSAL SERVICE

SIGNATURE REQUIRED

I, _____, (property owner or authorized agent) certify that the above property meets the requirements of the Town of Gibraltar.

Signature of Property Owner OR Authorized Agent

Date

FOR OFFICE USE ONLY:

DATE RECEIVED: _____ VALID _____, 20__ TO _____, 20__

FEE: _____ ORIGINAL APPLICATION: _____ RENEWAL: _____ INFORMATION CHANGE: _____

SEASONAL BUSINESS: _____ OPEN DATE: _____ CLOSING DATE: _____

BUILDING/FIRE INSPECTION: _____