APPLICATION FOR

SHORT TERM RENTAL LICENSE

IN THE TOWN OF GREEN BAY, WISCONSIN

Name of Establishment _____

Address of Establishment _____

Owner's Name _____

Owner's Address _____

Phone Number _____

E-Mail Address _____

If Corporation, Name of Registered Agent _____

If Corporation, Name of Resident Manager _____

Number of Rooms _____ Parcel # _____

The applicant hereby authorizes the Town Clerk to make the necessary examination and inspection of the books, records and memoranda required to enforce the provisions of the Town of Green Bay Short-Term Licensing Ordinance (adopted 6/11/2019)

X_____ X_____

Signature of Applicant Date

Submit Completed Application to:
Town of Green Bay
Office of the Clerk
5999 County Rd K
New Franken, WI 54229

For Office Use Only:

Received by Clerk: _____

Permit # issued: _____

Fee: $150 Initial - $150 Annual Renewal