

Town of Belle Plaine  
N3002 State HWY 22  
Clintonville, WI. 54929  
Telephone: (715) 524-2690  
Email: [Belleplaineclerk@gmail.com](mailto:Belleplaineclerk@gmail.com)  
application for Short Term Rental  
of Property

*This complete application must be submitted with all other required documents & fees (paid in full) in order to be accepted. Following submittal of complete application packet and fees, the final review and approval will be scheduled for a town board meeting.*

**Short-Term Rental Site Information:**

Address \_\_\_\_\_

Tax Parcel ID # \_\_\_\_\_ Maximum occupancy \_\_\_\_\_

Is this property owner occupied? Yes \_\_\_\_\_ No \_\_\_\_\_

**Owner Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Owner is also Property Manager? Yes \_\_\_\_\_ No \_\_\_\_\_ (If no, complete Property Manager information below) Property Manager information (if not owner) Property Manager must reside within 35 miles of the short-term rental site.

Name of Property Manager \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Items to submit with Annual Application:**

\_\_\_\_\_ Copy of State of Wisconsin License for a Tourist Rooming House License under Sec. 254.64 of Wis. Statutes

\_\_\_\_\_ Floor plan and maximum occupancy (clearly indicate rooms—bedroom, bathroom, ½ bath, kitchen, etc.)

\_\_\_\_\_ Picture or drawing of parking spaces available for short term rental property. No overnight parking is allowed on public roads and no parking is allowed on private roads day or night.

\_\_\_\_\_ If you will be using a rental service (Expedia, Airbnb, etc., we will need to know the patron

number or the account identification for your property that you have with them.

**A license is not transferable. You must have a valid license before operating. All licenses expire June 30<sup>th</sup> annually. Applications for renewal shall be submitted to the town clerk at least 45 days prior to license expiration**

**Application for Short term rental of Tax Parcel:** \_\_\_\_\_

Fee of \$100.00 for two years. Annual renewal fee of \$50.00 for one year. Initial fees may be prorated for balance of license year until license expiration on June 30<sup>th</sup>.

\$25.00 late fee

**Certification**

**I hereby certify that I am the owner or authorized representative of the owner of the property which is the subject of this permit application. I certify that the information contained in this form and attachments is true and accurate. I certify that the site and operation of this short-term rental is in compliance with all permit and state requirements. I understand that failure to comply with any or all of the provisions of the permit under Town of Belle Plaine Ordinance Number 4-24 and Wisconsin State Statutes Sec. 254.64 may result in permit revocation and a fine and/or forfeiture under the provisions of applicable laws.**

Property Owner:

\_\_\_\_\_

Print name

Date: \_\_\_\_\_

\_\_\_\_\_

Signature

Property Manager (if one named):

\_\_\_\_\_

Print name

Date: \_\_\_\_\_

\_\_\_\_\_

Signature

Quarterly Room Tax Remittance form (see next page)

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**TOWN OF BELLE PLAINE  
QUARTERLY ROOM TAX  
REMITTANCE FORM**

Please remit checks to:  
Town of Belle Plaine  
N3002 State Hwy. 22  
Clintonville, WI 54929

Phone: (715) 524-2690

1st            2nd            3rd            4th            quarter of 20\_\_\_\_.  
(circle correct quarter)

Establishment Name: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Number of Rooms or Cottages: \_\_\_\_\_

Gross Receipts (room rent revenue).....\$ \_\_\_\_\_

Multiply by 3%.....\$ \_\_\_\_\_

**TOTAL ROOM TAX DUE** .....\$ \_\_\_\_\_

Payment is due on or before 30 days following close of the quarter.  
(The last day of April, July, October & January).

I certify that the above figures are true and correct.  
Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Please enclose a copy of this form with your payment.

*If you are no longer renting this property, please let us know.*

Thank you,  
Kristine Vomastic, Clerk

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WISCONSIN DEPARTMENT OF AGRICULTURE,  
TRADE AND CONSUMER PROTECTION

License, Permit or Registration

The person, firm, or corporation shown below has complied with the Wisconsin statutes and is authorized to engage in the activity indicated.

ACTIVITY

[REDACTED]

EXPIRATION DATE

6/30/2026

LICENSE NUMBER

ATCP-013280

LICENSEE MAILING ADDRESS

ATCP-L23414

NOT TRANSFERABLE

BUSINESS / ESTABLISHMENT ADDRESS

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

All Permits expire on June 30<sup>th</sup>; it is the responsibility of the licensee to make sure all applicable fees are received by the Department before July 1<sup>st</sup> or a late payment fee will be assessed.

If you do not receive a renewal form prior to June 30<sup>th</sup> from your licensing authority, you should send in your payment for renewing your permit to the following address:

WI DATCP

PO Box 93296

MILWAUKEE, WI 53293-3296

(608) 224-4720

\* Include the name of your facility and the ID number.