



Tourist Rooming House Permit - New

Pursuant to Village Ordinance Chapter 11

License Type:

- Original Application Fee (includes all required inspections) - \$500
- Resident Agent Fee, if applicable - \$50

Applicant Information

Property Owner Name (First, Middle Last):

Property Owner Address:

City, State and Zip Code:

Property Owner Telephone Number:

Property Owner Email Address:

Lodging Facility Physical Address:

Name of responsible agent (if applicable):

Telephone number of Agent:

Email Address of Agent:

Attachments

The following must be attached or the application will be considered incomplete and returned:

- A Tourist Rooming House License issued through Public Health Madison and Dane County. For more information visit: <https://www.publichealthmdc.com/environmental-health/licensing-permits/places-to-stay/short-term-rentals>
- A Nuisance Response Plan
- Proof of liability insurance - *must be a commercial general liability, or hotel or short-term rental policy that specifically covers liabilities arising from rental of the tourist rooming house for short-term rentals. No less than \$1,000,000 per occurrence*
- Copy of Wisconsin Seller's permit issued through the Wisconsin Department of Revenue
- Responsible Agent Application (if applicable) - If the property is not your primary residence, and you reside outside a 30-mile radius from the tourist rooming house, or you will be absent while the property is rented, you must appoint an agent
- Site Plan - must include location, number of units, number of people in each unit, laundry facilities, restroom facilities, onsite parking dimensions
- Distance to any neighboring tourist rooming houses - contact Village Clerk at village.administration@mcfarland.wi.us to obtain this information
- Authorization of Condominium Association (if applicable)

Additional Information:

BEDROOMS:

- #1 _____ x _____ = _____ S.F.
- #2 _____ x _____ = _____ S.F.
- #3 _____ x _____ = _____ S.F.
- #4 _____ x _____ = _____ S.F.
- #5 _____ x _____ = _____ S.F.
- #6 _____ x _____ = _____ S.F.
- #7 _____ x _____ = _____ S.F.
- #8 _____ x _____ = _____ S.F.
- #9 _____ x _____ = _____ S.F.
- #10 _____ x _____ = _____ S.F.

DINING ROOM _____ x _____ = _____ S.F.

LIVING ROOM _____ x _____ = _____ S.F.

FAMILYROOM/DEN _____ x _____ = _____ S.F.

TOTAL HABITABLE AREA = _____ S.F.

BATHROOMS _____ FULL _____ $\frac{3}{4}$ _____ $\frac{1}{2}$

PARKING STALLS (9'x18' stall per 4 occupants) _____ stalls

Certification

To the Village of McFarland, Dane County, State of Wisconsin, that I the undersigned, understand that by applying for this housing permit, that I am bound to all Municipal Codes including Chapter 11 and any other codes or regulations that may apply. I also grant that an inspection of this property be conducted by the Village Housing Inspector prior to approval of this permit.

Signature of Applicant:

Date: