

Town of Onalaska

Application for Short-Term Rental



Contact the La Crosse County Health Department (608-785-9771), and La Crosse County Zoning Department (608-785-9722) before applying for a short-term rental License with the Town of Onalaska.

When submitting application include check payable to Town of Onalaska and verify all required documents are attached. Incomplete applications will not be accepted.

Date Submitted:	Fee Paid: Check/Cash Check #
Effective Date Requested:	Town Permit #
New application: Yes No	Renewal Application: Yes No
Expiration Date:	County Permit #

Premises/Business Information

Legal Business Name:	
Business Trade Name of DBA:	FEIN #:
Entity Type: Sole Proprietor Partnership LLC Corporation	
Date of Organization:	WI DFI Registration #:
Business/Rental Address:	
Business Website Address:	
Business Phone:	Business email:
List all online platforms which business is or will be listed on for the duration of license period.	

Individual Information

List the name, title and contact information for each person within the applicant business: ie sole proprietor, officers, directors, all partners of a partnership and all members, managers, and agent of an LLC (use additional pages if needed).

Last Name	First Name	Title	Business phone	Cell phone	email

By signing this form, I certify that, to the best of my knowledge, all information presented herein is true, complete and correct, and that I have read and understand the conditions of Town of Onalaska, Code of Ordinances Chapter 12, titled Business Regulation and Taxation. If granted a permit I agree to be in compliance with all State, County and Local ordinance provisions for the duration of the permit. I further agree that this permit shall be renewed as per Town of Onalaska, Code of Ordinances and any change of rental property ownership or type of occupancy shall require completion of a new application. I understand that, prior to operation of this business, I am responsible for obtaining all necessary federal, state, and local permits for this business.

Property Owner Signature: _____ Date: _____

Property Manager Signature: _____ Date: _____

Documents to be submitted with this application:

- 1.) Completed application form.
- 2.) Application Fee
- 3.) Copy of County Health Department Plan Review approval letter.
- 4.) Copy of La Crosse County Zoning Department approval.
- 5.) Copy of County Affidavit of Mailing Notification Letter.

Official Use Only

Date of submission: _____

Date submitted to Town Board : _____

Board Approved or Denied _____ Date: _____

Signatures of Approval:

Town Chairperson

Town Administrator/Clerk-Treasurer

Permit Number _____