



City of Oconto

1210 Main St, Oconto WI 54153

920-834-7711

Short-Term Rental Registration Permit Application

License Period: July 1, _____ - June 30, _____.
(Annual/Valid for one year)

Property Owner Contact Information

Full Name: _____
Last First

Mailing Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Cell Phone: _____ Email: _____

Property Manager Contact Information (if different than owner)

Full Name: _____
Last First

Cell Phone: _____ Email: _____

Property Information

Short-Term Rental Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Maximum Occupancy for STR _____

Property Management Provider

Airbnb Vrbo Booking.com
 Tripadvisor HomeToGo Evolve
 Vacasa Other(s): _____

State Licensing & Insurance Information

Wisconsin DOR Seller's Permit #: _____
(If you only use an online marketplace that remits the room tax, you do not need a seller's permit. You can enter "N/A" on this line.)
DATCP Tourist Rooming House Permit #: _____
Property Insurance Company: _____
Policy number: _____

For Office Use Only

Permit #: _____

Date: _____

