| Section 1: Applicant In | | Authorized | | Title |
|--------------------------------------|---------------------------|----------------------|--------------|-------|
| Applicant Name (Ind, Org, or Entity) | | Representat | ive | TILLE |
| | | | | |
| Mailing Address: | City | State: | | Zip |
| Email Address | ail Address | | Phone Number | |
| | | | | |
| Section 2: Property Info | ormation: | | | |
| Address | City | | State | Zip |
| Property Manager, who | o's available 24x7 if own | er lives more than (| 30 miles aw | yay: |
| Phone number: | | | | |

- 1. State of Wisconsin Tourist Rooming House license
- 2. Proof of homeowners liability or business liability insurance

Town of Franklin – Kewaunee County Short Term Rental Application

Date:_____

- 3. Requested maximum occupancy based on septic size
- 4. Application Fee (See Franklin's current Fee Schedule)

Please fill the form out and attach required information and mail along with a check for the application fee to:

Town of Franklin Clerk Suzi Sevcik N1298 Sleepy Hollow Rd Kewaunee WI 54216