Village of Suring
604 Main Street,
PO Box 31, Suring, WI 54174
920-842-2333

Short Term Rental Registration

• Property Owner Contact Information

Full Name: _____

Mailing Address: _____
Street Address

_____
City *State* *Zip Code*

Phone Number: _____ Email: _____

• Property Manager Contact Informaation (if different than owner)

Full Name: _____

Phone Number: _____ Email: _____

• Property Information

Short Term
Rental Address: _____
Street Address

_____
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

WI 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 place "N/A" on this line.)

DATCP Tourist Rooming House Permit #: _____

Property Insurance Company: _____

Insurance Policy Number: _____

• Douments to include with application

- [ ] Most recent copy of lodging inspection report for property
- [ ] Copy of Wisconsin Department of Revenue seller's permit
- [ ] Application Fee of $100

Applicant Signature _____

Date _____

• For Office Use Only

The application for such license or renewal has been reviewed by the following municipal officials and has been found to be in compliance with the Code of the Village of Suring:

_____ _____

Village Clerk Date

_____ _____

Police Chief Date

_____ _____

Fire Chief Date

_____ _____

Building Inspector Date

Upon satisfaction of the Board of Trustees that the operation of the Short-Term Rental conforms to municipal ordinances, the Village Board of Trustees shall order the issuance of a license.

Date Application Received _____

Date Presented to Village Board: _____

Approved: _____ Denied: _____ Permit #: _____