Wauwatosa Health Department
7725 W. North Ave.
Wauwatosa, WI 53213
Phone: 414-479-8939

Short Term Rental Application

Application Date: _____

Reason for application:	☐ New	☐ Change of Operator	☐ Other:_____
Physical Rental Location Information			
Name:			
Address:			
City:		State:	Zip:
Phone number:		Cell number:	
Email address:			
Emergency contact name:		Emergency contact number:	
Owner Information			
Name:			
Address:			
City:		State:	Zip:
Phone number:		Cell number:	
Email address:			

License Fee: $_____	**Make checks payable to:** City of Wauwatosa **Submit To:** Wauwatosa Health Department 7725 W. North Ave. Wauwatosa, WI 53213
Pre-Inspection Fee: $_____ (New Applicants Only)	
Total: $_____	

I certify that I am familiar with and agree to comply with all state and local laws, ordinances, and regulations as required in the Wisconsin Short Term Rental Code and Wauwatosa Municipal Code.

Signature: _____ Printed Name: _____ Date: _____

For office use only: ☐ Approve ☐ Deny