

APPLICATION FOR SHORT-TERM RENTAL LICENSE

Short-Term Rental Address

Street Address

City

State

Zip Code

Property Owner's Name

Address

Street Address

PO Box

City

State

Zip Code

Telephone Number

Home

Work

Cell

Other

Responsible Party's Name

Responsible Party's Address

Street Address

PO Box

City

State

Zip Code

Responsible Party's Telephone Number

24-Hour Emergency Contact
Number

Home

Work

Cell

Sales Tax Collection And Accounting Number

OWNER ACKNOWLEDGMENTS

As the Owner of the property listed above, I acknowledge that I understand the following:

- All vehicles parked at the short-term rental will be clear of all roadways and will not block sightlines at intersections; and
- I certify that I am currently in compliance with all legal requirements for licensing this property as a short-term rental, and that I have paid all applicable taxes, fees, and other charges, including (but not limited to) any transient room tax due and payable.
- I understand that short-term rental licenses are not transferrable.
- I have attached proof that I own the property to be licensed as a short-term rental.

DATE

OWNER

DATE

OWNER

I understand that I have been designated the Responsible Party for the short-term rental identified in this application and agree to provide my contact information for emergency purposes.

DATE

RESPONSIBLE PARTY