



Registration #: _____

Date: _____

Short-Term Rental Registration

Property Information

Address: _____ Description- sq. ft.: _____

Sleeping Rooms: _____ Baths: _____ Parking Spaces: _____

Name of Subdivision: _____

Is the property owner-occupied or associated with an owner-occupied principal unit? **Y / N**

Owner Information

Owner: _____ Owner phone: _____

Owner Street address: _____

Owner email: _____

If owned by a company or property manager:

Name: _____ Company phone: _____

Company address: Physical: _____

Mail: _____

Company email: _____ or _____

Registered Agent: _____ Registered Agent phone: _____

Designated Contact Information- 24 HOUR AVAILIBLTY

Designated Contact: _____ Phone: _____

Street address: _____

Contact email: _____

Attachments

___ Sketch or rendering describing the location of required parking.

___ Sketch or rendering of floorplan.

___ Tenant Information Sheet.

___ Application fee compliance.

___ Proof of Hotel Occupancy Tax compliance.

Certification: *“I hereby certify that all information provided on this application is, to the best of my knowledge and belief, true, accurate, and complete. I hereby agree to abide by the ordinances applicable to short-term rental properties as a condition of being issued a registration/permit. It is understood that this registration/permit is not transferrable to another person or entity.”*

Owner (print): _____ Signature: _____

Email to send all communications: _____

Office use only below this line:

Received: _____ Processed: _____ Amount pd.: _____ Rec'd by: _____