



Short Term Rental Application

Clerk/Auditor's Office

Short-Term Rental

Business Name: _____

Street Address: _____ Sales Tax Accounting #: _____

City: _____ State: _____ Zip: _____

Description: _____

Property Owner's Information

Name: _____ Ph: () _____

Address: _____ Cell: () _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Property Manager

Responsible Party' Name: _____ Ph: () _____

Address: _____ Cell: () _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

24- Hour Emergency Contact Number: () _____



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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 or intersections.
- 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) 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.

Owner

Date

Owner

Date

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.

Responsible Party

Date