



**CITY OF MORRO BAY**  
COMMUNITY DEVELOPMENT DEPARTMENT  
955 Shasta Avenue  
Morro Bay, CA 93442

## SHORT-TERM VACATION RENTAL APPLICATION

Permit Type: NEW ☐ WAITLIST

| SHORT-TERM VACATION RENTAL STREET ADDRESS:                                                                                                                                                                                                                                                                                                               |        |
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|                                                                                                                                                                                                                                                                                                                                                          |        |
| PROPERTY OWNER CONTACT INFORMATION                                                                                                                                                                                                                                                                                                                       |        |
| First and Last Name:                                                                                                                                                                                                                                                                                                                                     |        |
| Address:<br><input type="checkbox"/> Physical <input type="checkbox"/> Mailing                                                                                                                                                                                                                                                                           |        |
| Phone:                                                                                                                                                                                                                                                                                                                                                   | Email: |
| APPLICANT (HOST) IF DIFFERENT THAN PROPERTY OWNER                                                                                                                                                                                                                                                                                                        |        |
| First and Last Name:                                                                                                                                                                                                                                                                                                                                     |        |
| Address:<br><input type="checkbox"/> Physical <input type="checkbox"/> Mailing                                                                                                                                                                                                                                                                           |        |
| Phone:                                                                                                                                                                                                                                                                                                                                                   | Email: |
| LOCAL CONTACT PERSON (IF DIFFERENT THAN HOST)                                                                                                                                                                                                                                                                                                            |        |
| <i>The local contact person shall be available 24 hours per day, 7 days per week, to respond to complaints or notification of violations, and if appropriate, initiate corrective action regarding the conduct of the occupants or their guests, on the condition of operation of the short-term vacation rental, within one hour of being notified.</i> |        |
| First and Last Name:                                                                                                                                                                                                                                                                                                                                     |        |
| Address:<br><input type="checkbox"/> Physical <input type="checkbox"/> Mailing                                                                                                                                                                                                                                                                           |        |
| Phone:                                                                                                                                                                                                                                                                                                                                                   | Email: |

**RENTAL PROPERTY INFORMATION****Vacation Rental Address:**
☐ Commercial Property    ☐ Residential Property    ☐ Mixed Use Property
**Zoning Designation:** \_\_\_\_\_**Which describes your short-term rental?**
☐ Home-share    ☐ Full-Home Rental
**Number of Bedrooms:****Maximum Guest Occupancy:****Number of Available Parking Spaces for Guests:****Amenities:****Location:** ☐ Driveway    ☐ Garage**Hosting Platform(s) Used:****ADDITIONAL ITEMS***Required for intake process.*

- ☐ Copy of House Rules
- ☐ Proof of insurance including STR.
- ☐ A copy of any valid and current short-term vacation rental permit held by the applicant for any other property in the City.
- ☐ Copies of STR advertisements on hosting platforms.
- ☐ Photo of signage
- Copy of Good Neighbor Brochure

**Have you ever had a short-term vacation rental permit suspended or revoked anywhere in the State of California within the previous two years?**
☐ No    Yes
**If Yes, describe reason:**


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**Have you ever been asked or been compelled to no longer advertise with a hosting platform within the previous two years?**

☐ No    ☐ Yes

**If Yes, describe reason:**

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**CERTIFICATION (Please read carefully and sign)**

I hereby certify, under the penalty of perjury, that the rental property(s) listed in this application qualifies for use as a Short-Term Vacation Rental and will be operated in compliance with Morro Bay Municipal Code Chapter 17.30.220 and all other codes and regulations governing buildings for human habitation, including limits on the number of occupants as governed by California Health & Safety Code § 17922(a)(1) and Uniform Housing Code Section 503(b)(3).

I also certify that I am authorized to make this statement, and the information provided on this application is true and correct. I will have appropriately posted the INTERIOR AND EXTERIOR items as provided with this permit and will strive to minimize potential permit violations. I understand that any change in contact information requires notification to the city.

Furthermore, I have read and understand the attached MBMC Section 17.30.220(C.11) requires this Short-Term Vacation Rental (including home-share and full-home short-term rentals) be subject to payment collection of transient occupancy tax, Morro Bay Tourism Improvement District assessments and San Luis Obispo Tourism Marketing District assessment consistent with Chapters 3.24, and 3.60 of the MBMC Short-term rental vacation rentals must also contribute a minimum of \$500 of TOT annually to maintain a valid permit.

I understand that Short-Term Vacation Rental Permits are valid for one year once issued and renewal is required every year to remain in compliance with the Ordinance. I understand that this application is not a guarantee that a permit can be granted and acknowledge the potential for a waitlist period before this application can be further processed.

**Property Owner's Signature:** \_\_\_\_\_

**Please Print Name of Owner:** \_\_\_\_\_

***If Owner and Applicant are separate, both must sign; applicant to sign below:***

**Applicant's Signature:** \_\_\_\_\_

**Please Print Name of Applicant:** \_\_\_\_\_