132 E. Broad Street • Linden, MI 48451 • P.O. Box 507
Phone: (810) 735-7980 • Fax: (810) 735-4793

Application for a Business Unit Short Term Rental License

This License Application is to be Filed Annually

Property Owner's Name:_____

Property Owner's Address:_____

Property Owner's Phone Number:_____

Property Owner's Email:_____

Address of the Business Unit Short Term Rental:_____

Is the address an "allowable area" as shown on the Business Unit Short Term Rental Map?: ☐) Yes ☐) No

Number of days and/or time periods during the calendar year when the dwelling unit will be available rental:_____

Number of Bedrooms in Rental Unit:_____

Year the dwelling unit was first used as a short term rental:_____

Listing of all websites and other media where rental unit will be advertised:_____

_____

All Business Unit Short Term Rentals shall have a Local Agent – An individual designated to oversee the short term rental of the dwelling unit in accordance with the City's Short Term Rental Ordinance. This individual is required to respond to calls and complaints from the renters and/or the City of Linden.

Local Agent's Name:_____

Local Agent's Address:_____

Local Agent's Phone Number (available 24 hrs/day):_____

Local Agent's Email:_____

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The City has established a Good Neighbor Guidelines document which must be displayed in a visible location within the short term rental unit. This document is available on the City website.

I acknowledge that at a copy of the City's Good Neighbor Guidelines document will be provided to the renters each time the dwelling unit is rented:_____

Property Owner or Local Agent's Signature

Date:_____

The City of Linden Short Term Rental Ordinance (Ord. No 405) outlines additional standards and requirements for short term rentals. This document is available on the City website.

I have read the City of Linden Short Term Rental Ordinance and commit to comply with all of the regulations outlined within such Ordinance:_____

Property Owner or Local Agent's Signature

Date:_____

THIS SECTION FOR CITY USE ONLY

Fee Paid: _____ Date: _____

Zoning Administrator Review: ☐ Approved ☐ Denied

Building Official Inspection: ☐ Completed and Approved for License ☐ Denied

License Issue Date: _____

License Expiration Date: _____