



TOWN VIRGIN
114 S. Mill Street
PO Box 790008
Virgin, UT 84779
(435) 635-4695

TOWN USE ONLY

Application Fee: \$300.00
(Each Year)

Date of Application: _____

Short Term Rental (STR) Application

Please complete each statement below. Incomplete applications will not be accepted. The Town of Virgin reserves the right to accept or reject all applications for a Short-Term Rentals within the Town limits of Virgin, Utah.

NOTICE: BY LICENSING AS A SHORT-TERM RENTAL YOUR PROPERTY TAXES WILL BE ASSESSED AT FULL VALUE.

Property Owner Information

Owner Name(s): _____

Mailing Address: _____

City, State, Zip: _____

Telephone: _____ Cell Phone: _____

Email address: _____

Type of Ownership: ☐ Individual(s) ☐ Partnership ☐ Trust ☐ LLC ☐ Other: _____

*** A list of all corporate officers or partners must be included. This list must include name, home address, and phone number.**

TYPE OF RENTAL MANAGEMENT:

Owners Manage Only ☐

Rental Agent & Owners Manages ☐

Rental Agent Manage Only ☐

Rental Property Address: _____

Sales Tax Number: _____ Assessor's Parcel Number: _____

Hot Tube: ☐ Yes ☐ No Swimming Pool: ☐ Yes ☐ No

Maximum Number of Overnight Occupants: _____ Number of On-site Parking Spaces: _____

DIAGRAM OR PHOTOGRAPH OF PARKING FACILITIES MUST BE INCLUDED

Website Address: _____

Management Company: _____

Contact Name: _____ Phone: _____

Property maintenance contact: _____ Phone: _____

REQUIRED FOR ALL PROPERTIES: Emergency 24-hour Contact*

Emergency Contact Name: _____ Address: _____ Phone: _____

I certify that all information contained herein is accurate, to the best of my knowledge. I certify that I have read, understand, and will comply with the short-term rental regulations listed in the Town of Virgin VULU Chapter 30. I certify that all designated bedrooms meet all local safety and building code requirements. I acknowledge that I will post the notice required in Town of Virgin VULU Chapter 30 in this short-term rental. I acknowledge that prior to using this property as a short-term rental I must obtain all pertinent inspection approvals and pay all fees due. I acknowledge that the Town has the right to inspect this property. I will notify the Town of changes to the permit, management, mailing address, or change of ownership. I understand I must keep my license current and that change of ownership is non-transferrable.

Signature Property Owner: _____ Date: _____

Date Paid: Receipt: _____ Planning Approval: _____ Account Number: _____

ACKNOWLEDGEMENT AND AGREEMENT FOR PAYMENT OF ADDITIONAL PROFESSIONAL FEES

Name of Owner/Applicant: _____

Type of Application: _____

The Town of Virgin requires that all applicants agree to pay the actual out-of-pocket professional fees incurred by the Town in relation your application/request. These professional fees include all fees paid by the Town to Engineers, Surveyors, Attorneys, Planning & Zoning Consultants and Administrators, etc. The Town may be able to give you an estimate of these costs, but because of differences in each application and situation it is not a quotation of a fixed amount. Because of the size of the Town and its budgetary constraints many of these professional services must be outsourced to third parties who charge for their services on an hourly basis. In instances of applications for a variance or applications for administrative appeals where the request will be heard and determined by the Town's Appeal Authority (a single member body who is a practicing municipal attorney other than the Town Attorney) the legal fees incurred by the Town will include both those of the Appeal Authority and the Town's Attorney who will be involved in the matter to represent the Town's interest in ensuring compliance with Town Standards. These fees shall be paid prior to the release of permits/licenses and any approvals for a variance or positive appeal decisions will be suspended and not become effective unless and until payment in full has been received by the Town. In the event an applicant fails to pay any aforementioned fees, the Town may recover all costs of collection including reasonable attorney's fees and costs.

AGREED TO BY:

OWNER/APPLICANT: _____ **DATE:** _____

OWNER/APPLICANT: _____ **DATE:** _____

STATE OF UTAH)
)s:
COUNTY OF WASHINGTON)

On this ____ day of _____, in the year 20____, before me personally appeared _____, proved on the basis of satisfactory evidence to be the person(s) whose name(s) (is/are) subscribed to this instrument, and acknowledged (he/she/they) executed the same. Witness my hand and official seal.

SEAL:

Notary Public