Stillwater OKLAHOMA
stillwaterok.gov

Development Services Department
723 S. Lewis Street/P.O. Box 1449
Stillwater, OK 74076-1449

Office: 405.742.8220
Web: stillwaterok.gov

SHORT TERM RENTAL LICENSE APPLICATION

Address of Short-Term Rental: _____

Proposed Occupancy Limits: _____ Number of Bedrooms Offered for Rent: _____

NOTE: ***Public Street Parking Does Not Count for On-Site Parking***. No. of On-Site Parking: _____ ☐

Property Owner: _____ Phone: _____

Mailing Address: _____

Email: _____

Property Management/24 Hour Contact Name: _____

Phone: _____ Email: _____

☐ Letter of Authorization for Property Manager (if applicable)

24 Hour Contact: _____
Print Name and Phone Number ***Must be on site within an hour of issue or complaint***

Required to be submitted with the residential short-term rental application.

SUBMITTED BY APPLICANT	DOCUMENT	VERIFIED BY CITY
	Sec. 23-115.5(A)(1): Will this short-term rental be owner occupied? ☐ If yes, the location is exempt from the 20% density cap when evidence of Payne County Homestead Exemption is submitted. ☐ If no, the address in either Small Lot Single Family Residential (RSS) or Large Lot Single Family Residential (RSL) zoning districts will be subject to the twenty percent (20%) density cap of the total dwelling units located within any block. Block shall be defined as: • A block within a platted subdivision; or • A block surrounded on four (4) sides by streets. To seek information regarding the density cap and potential impact on address under application, email digitals@stillwaterok.gov.	

Development Services Department
723 S. Lewis Street/P.O. Box 1449
Stillwater, OK 74076-1449

Office: 405.742.8220
Web: stillwaterok.gov

	Initial application fee of $250.00. NOTE: Licenses expire one (1) year from date of issuance or upon change of ownership as licenses are not transferrable. The annual renewal fee is $250.00.	
	House Rules	
	Proof of current, valid liability and property insurance.	
	Is this address within 500 feet of any schools and related buildings, daycares, playgrounds or parks? Yes ☐ No ☐ If yes, attach separate document outlining the screening process for guest(s) to rent the property, rentals within a 500-foot radius of schools and related buildings, daycares, playgrounds or parks must have an additional screening through the sex offender registry in accordance with Title 57, Sections 581 through 590.2 of the Oklahoma Statues. If no, no further action is necessary.	
	Floorplan depicting the location of rooms provided for rent (Bedrooms, Kitchen and Living Room) with fire exits and escape routes.	
	Notarized affidavit verifying the dwelling has work smoke detector(s) and carbon monoxide detector(s) and functioning fire extinguisher.	
	Sales Tax Permit issued by State of Oklahoma or evidence tax collection is done by a rental agent. Evidenced by either a completed and executed contract or notarized statement from the rental agent.	

APPLICANT SIGNATURE: _____ DATE: _____

Date Application Received: _____ Application # _____ Received by: _____

Approval Denied

Date: _____

Signature: _____

Printed Name: _____

AFFIDAVIT

I/We, _____,

of _____, State of _____,

being duly sworn state under oath that:

☐ Are the property owner(s) of _____

☐ Am a member of a legal LLC and are the _____ of the said LLC.

I/We certify that:

SMOKE DETECTORS: The premises named above is equipped with smoke detection equipment in work order that are capable of sensing visible or invisible smoke particles, is installed in accordance with the manufacturer's instructions and in the immediate vicinity of each bedroom and kitchen and is capable of providing an alarm suitable to warn occupants when such equipment is activated.

CARBON MONOXIDE DETECTORS: The premises named above is equipped with carbon monoxide detection equipment in working order that is capable of sensing carbon monoxide present in parts per million, is installed in accordance with the manufacturer's instructions, and is capable of providing an alarm suitable to warn occupants when such equipment is activated.

FIRE EXTINGUISHERS: The premises named above is equipment with a fire extinguisher is located in _____ room that is easily accessible, is in working order, and the inhabitants are notified of its location.

Signature of Owner (s) Date

STATE OF _____)
) ss.
COUNTY OF _____)

Before me, a Notary Public in and for said County and State on this _____ day of _____, 20_____, personally appeared, _____, to me known to be the identical person who subscribed the name of the maker thereof to the foregoing instrument and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed for the uses and purposes therein set forth.

Given under my hand and seal the day and year last above written.

AFFIDAVIT

_____

NOTARY PUBLIC

My Commission Expires:

My Commission Number:

(SEAL)