Short Term Rental Registration Application

This application form, fees and all materials from the associated checklist are required for a complete application.

APPLICATION TYPE

- ◯ New Registration
- ◯ Renewal

LOCATION INFORMATION

Address: _____

_____

Legal Description: _____

_____

Parcel Tax ID: _____

LOCAL RESPONSIBLE PARTY INFORMATION

Responsible Party Name: _____

Company Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

24 hour Phone Number: _____

PROPERTY OWNER INFORMATION

Property Owner Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Owner's Signature: _____

Known to me to be the person whose name is subscribed to the above and foregoing instrument, and acknowledged to me that they executed the same for the purposes and consideration expressed, and in the capacity therein stated.

Given under my hand and seal office on this the _____ day of _____, 20_____.

_____

Notary Public