

SHORT TERM RENTAL LICENSE APPLICATION

1. Applicant Name: _____

Address: _____ Phone: _____

_____ Email: _____

2. Street Address of Rental: _____

Number of Sleeping Rooms: _____ (A sleeping room is defined as fully-enclosed habitable space with a heat source and an emergency escape or rescue opening.) (Ord.10-03)

Local Phone Number, if any: _____

3. All Owners (Include any person with a legal property interest. Continue on second sheet if needed.)

Name	Address	Phone	Email Address

4. Required Contact Person(s)

a. Primary person or agency arranging rentals: _____

Name of contact person: _____ Phone: _____

b. Secondary person or agency arranging rentals (if any): _____

Name of contact person: _____ Phone: _____

5. Required Weekly Garbage Service provided by: *Check one*

WOW (Western Oregon Waste)

Management Agency

FEES

Fees are required:

\$ 75.00 Initial Fire & Life Safety Inspection & Evaluation Pd - Receipt # _____ Date _____
(Covers two initial inspections only. Fees may be required for additional inspections.)

\$500.00 Annual Permit Fee (permit valid 8/1 to 7/31) Pd - Receipt # _____ Date _____

ALL LEGAL OWNERS OF PROPERTY MUST SIGN ON PAGE TWO OF THIS FORM.

OFFICE USE ONLY

Account Number _____
Zone _____

Entry Date _____
Effective Date _____

SHORT TERM RENTAL LICENSE APPLICATION (Cont'd)

Applicant Name: _____

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND THAT I WILL NOTIFY THE CITY SHOULD THERE BE ANY CHANGES TO THIS REGISTRATION. I ACKNOWLEDGE THAT FAILURE TO COMPLY WITH ALL REGULATIONS REGARDING THIS REGISTRATION MAY RESULT IN THE REVOCATION OF MY RENTAL PERMIT.

Applicant's Signature

Date

Co-owner's Signature

Date

Co-owner's Signature

Date

Co-owner's Signature

Date

Co-owner's Signature

Date

Co-owner's Signature

Date