CITY OF MANZANITA

543 Laneda Avenue • P.O. Box 129
Manzanita, OR 97130
Phone (503) 368-5343 • FAX (503) 368-4145
cityhall@ci.manzanita.or.us

SHORT TERM RENTAL LICENSE APPLICATION

1. Applicant Name(s):_____

   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 egress 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 Local Contact Person(s) * *City of Manzanita Ordinance 10-03 requires that each short term rental owner designate a representative who has a key to the rental unit and is able to respond physically to the short term rental within thirty (30) minutes to address issues or must have arranged for another person to perform the dame duties within the same timeframe. The requirement for identifying a local contact person applies to each person or entity making arrangements for renting a given short term rental.*

   a. Primary owner or agency making reservations:_____
      *Name of local contact person:_____Phone:_____

   b. Secondary owner or agency making reservations (if any):_____
      *Name of local contact person:_____Phone:_____

5. Required Weekly Garbage Service provided by: *Check one*
   ☐ Recology Western Oregon ☐ Management Agency

FEES

Fees are required:

$ 75.00 Application and Fire & Life Safety Inspection Pd - Receipt # _____Date _____
(Covers initial inspection and one follow-up only. Fees will be required for additional inspections.)

$250.00 Annual License Fee (license valid 8/1 to 7/31) Pd - Receipt #_____Date_____
(Fee is not subject to proration)

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

OFFICE USE ONLY

Account Number_____ Entry Date _____
Zone _____ Effective Date_____

SHORT TERM RENTAL LICENSE APPLICATION (Continued)

Applicant Name(s):_____

BY MY SIGNATURE:

1. I certify that the information on this application is accurate and that I will notify the City of Manzanita should there be any changes.

2. I state my understanding that it is illegal to rent or to advertise for rent on a short term basis this or any other property inside the City of Manzanita without first obtaining and posting a current Manzanita Short Term Rental License/ Certificate of Authority as required in Manzanita Ordinance 10-03 and Ordinance 16-03.

3. I agree to comply with all City of Manzanita ordinances and regulations governing short term rentals and transient lodging taxes and acknowledge my understanding that failure to comply:

   A. shall result in fines as laid out in Manzanita's Civil Infractions Ordinance #15-01.
   B. may result in the revocation of my short term rental license following its issuance.

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

(If this property is owned by a trust or a corporation of any kind, you must attach legal documentation stating all associated persons.)