

# Short Term Rental Registration Application

APPLICATION TYPE	LOCATION INFORMATION
<input type="checkbox"/> New Registration <input type="checkbox"/> Renewal	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	