



SHORT TERM VACATION RENTAL CERTIFICATE APPLICATION



Page 1 of 2

Date Filed: _____ Certificate Number: _____ Received By: _____

General Information and Instructions

Please fill this Short-Term Vacation Rental Application out completely. Type or print your information legibly. Upon submitting this application, the owner/agent is confirming that they have ownership or possession of the property for rent and shall submit proof of ownership or proof of agency and proof of insurance. The applicant shall also provide a site plan demonstrating the parking and guest access. This application may not be submitted if the applicant does not yet have a City of Sody-Daisy Business License.

1. Contact Information

Property Owner(s) Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Applicant/Agent Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Phone Number: _____

Email: _____

2. Property Information

Property Address (property being rented):

Mailing Address: _____

City, State, Zip Code: _____

Zoning: _____ Council District: _____ Parcel Number: _____

Property Details:

A. Please provide a narrative of the properties available for rent (Be specific, which bedrooms of common areas are available):

B. What are the days of operation: (all year, just holidays, weekend/weeknights, etc.):

C. How many bedrooms are available: _____

D. What is the property's maximum number of occupants? (Two (2) persons per bedroom up to 140 square feet, or for bedrooms over 140 square feet the occupant load will be determined by the area of the room divided by 70 square feet) _____

E. What is the maximum number of vehicles that may be parked at the unit? _____

F. How will trash be handled? _____



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3. Ownership and Agency

- A. Do you own the property? Yes No (circle one)
If no, what is your interest? _____
- B. Is this property owner-occupied? _____
- C. What company is your property's insurance carried by? _____
- D. What is the policy number of your property's insurance plan? _____
- E. What is your Business License number? _____

4. Payment

A check payable to the City of Soddy-Daisy must accompany this application. This is a non-refundable fee. The application fee for Short-Term Vacation Rentals shall be \$300.00.

Amount to be paid: _____ CC./Check #: _____ Receipt #: _____

5. Items to Provide

Please provide these items with your application:

- Proof of Ownership/Owner's Agreement if rented by Lessee
- Proof of Agency (if necessary)
- Proof of Insurance
- Site Plan
- Compliance Form
- Hamilton County Hotel/Motel Occupancy Privilege Tax Form for past 6 months
- **Note: Annual Inspection must include past 12 months of tax forms**

6. Signature

I (We) certify that the facts set out in the forgoing request are true to the best of my knowledge. In the event any information given is found to be false, any decision rendered may be revoked at any time. I (We) understand that failure to provide adequate and complete information shall be the grounds for denial of this application.

In the event that the applicant/agent is not the owner, I (We) certify that the listed individual as the applicant/agent has the power and permission to represent the owner in this application and all matters related to it.

Applicant/Agent or Owner (Print Name)

Date

Applicant/ Agent or Owner Signature