

Note to Counties: Counties will need to adjust this application to align with regulations as provided in the short-term rental permit resolution. Please note highlighted sections in the application below.

_____ **County Short-Term Rental Permit Application**

Date Filed: _____ **Received by:** _____

Please complete the Short-Term Rental application. Type or print your responses legibly.

1. Contact information

Property Owner(s) Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Phone Number: _____

Email Address: _____

Local Responsible Agent Name (if different from property owner)

_____ Mailing Address: _____

City, State, Zip Code: _____

Phone Number: _____

Email Address: _____

Local Contact for Problems and Emergencies:

_____ Contact Owner _____ Contact Local Responsible Agent

Name: _____

Phone Number: _____

Phone Number After Hours: _____

Email Address: _____

2. Property Information (Please attach additional pages if multiple properties are owned)

Property Name (if applicable): _____

Property Address: _____

City, State, Zip Code: _____

Is the property located outside city limits? _____

What type of dwelling is the short-term rental unit?

_____ Single Family Home

_____ Duplex or Townhouse

_____ Apartment in Apartment Building

_____ Garage Apartment

_____ Condominium

_____ Carriage House

_____ Other (Please describe) _____

What year was the structure built? _____

Number of sleeping rooms? _____

Maximum Occupancy? (2 persons per sleeping room) _____

- County must determine number of occupants allowed.

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

How will the trash be handled? _____

What is the name of your property insurance carrier? _____

What is the policy number on your property's insurance plan? _____

3. Required Documentation:

Please provide copies of the following documents (if required by county).

- Site plan
- Compliance letter from zoning and/or codes office
- Proof of ownership of short-term rental or rental agreement (if applicable)
- Proof of insurance coverage for fire, hazard, and liability insurance. Liability coverage shall have limits of no less than one million dollars per occurrence.
- Proof of all taxes due
- Affidavit of safety compliance
- Proof of business license

4. Legacy Status – Any provider claiming legacy status for any properties listed must complete section 4 of this application.

Legacy Clause: Consistent with T.C.A. § 13-7-603, **any STR that was lawfully operating as an STR** (including, but not limited to, being in compliance with paying all state sales tax) under local regulations in effect at the time the property began being **used as an STR** shall be governed by those regulations until the property is sold or transferred, or the property is not used as an STR for thirty (30) continuous months, or the unit has violated applicable local laws three (3) or more separate times as provided in T.C.A. § 13-7-604. The County will maintain a register of legacy STRs.

“Used as a short-term rental unit” means the property was held out to the public for use as a short-term rental unit, and:

(A) For property that began being held out to the public for use as a short-term rental unit within the jurisdiction of a local governing body that required a permit to be issued or an application to be approved pursuant to an ordinance specifically governing short-term rental units prior to using the property as a short-term rental unit, a permit was issued or an application was approved by the local governing body for the property; or

(B) For property that began being held out to the public for use as a short-term rental unit within the jurisdiction of a local governing body **that did not require a permit to be issued or an application to be approved** pursuant to an ordinance specifically governing short-term rental units, **the provider remitted taxes due on renting the unit pursuant to title 67, chapter 6, part 5 for filing periods that cover at least six (6) months within the twelve-month period immediately preceding the later of:**

(i) May 17, 2018; or

(ii) The effective date of an ordinance, resolution, regulation, rule, or other requirement by a local governing body having jurisdiction over the property requiring a permit or an application to be approved pursuant to an ordinance specifically governing short-term rental units.

Tenn. Code Ann. § 13-7-602.

Any provider claiming legacy status must provide documentation showing proof that **all** state sales taxes were paid in accordance with Tenn. Code Ann. § 13-7-603 as of the date the unit began being used as a STR.

- Please list the date when the property began being used as a short-term rental. Please attach additional documentation if you have multiple properties that were previously being used as a short-term rental.
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- Please attach documentation showing all sales tax was paid as required by Tenn. Code Ann. § 13-7-603 for each property you claim is entitled to receive legacy status.

By signing below, I acknowledge and agree:

- I have read and will comply with all regulations of _____ County pertaining to the operation of a short-term rental unit.
- I will pay all hotel/motel taxes as assessed by the city, _____ County, and the State of Tennessee.
- Operating the short-term rental unit will not violate any homeowners or condominium agreements, bylaws, restrictions, or any other contract or agreement governing or limiting the use of the proposed short-term rental unit.
- I have carefully reviewed the contents of this affidavit, and I affirm that the contents are true to the best of my knowledge.

Owner/Agent

Print Name

Date