

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? _____

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

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