

**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 Adress: \_\_\_\_\_

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.

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Owner/Agent

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Print Name

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Date