

icense Number: _		 	
Issued Date: _	 	 	

## Short Term Rental License Application

Applicant and Pro	perty Information		
Name:			
Phone Number:	Email Address:		
Property Address:			
Mailing Address:			
Authorized Age	ent Information		
Name:			
Phone Number:	Email Address:		
Mailing Address:			
Licensing Requirements	Application Requirements		
$\square$ Proof of Fire Inspection	$\square$ Proof of Ownership OR		
$\square$ Statement of Occupancy Load	$\square$ Signed and Notarized Authorization of Owner for STR Use		
$\square$ Proof of Life Safety Inspection	$\square$ Written Designation of Authorized Owner to Act		
$\square$ Proof of Posting Requirements	☐ Illustration of Premises		
☐ Proof of Conforming Emergency Egress Pathways	☐ Delineated Off Street Parking Plan		
☐ Written Statement Acknowledging Outdoor Burning Ban	☐ Proof of Business Licensure		
	$\square$ 150 Dollar Application Fee		
	$\square$ Signed and Dated Short Term Rental Affidavit		
	Signature:		
	Printed Name:		
	Date:		

## Short Term Rental Licensing Affidavit

Effective November 12, 2018, it shall be unlawful in Idaho Springs to operate any Short Term Rental in the City without holding a license for the same. A Short Term Rental shall be subject to licensure in lieu of the Home Occupation Licensing Provisions (Section 21-33-A, ISMC).

## **Principal Residence**

It is unlawful for any person to operate a Short Term Rental in any location other than that person's principal residence. A Lessee may operate a Short Term Rental with Written, Signed, and Notarized Approval of the Owner.

Principal Residence is defined as a residence which is the usual place of return for housing as documented by the occupant's 1) Driver's License OR Colorado State Identification Card, 2) Voter Registration; Motor Vehicle Registration; OR proof of designation of residence for Tax Purposes.

An owner may choose to designate an agent to act as r within 50 miles of the City.	epresentative of the applicant, if said agent has a residential or business address
Authorization of Representative Agent	
	(printed name of authorized agent) to act on my behalf in mary residence. I have provided proof that my authorized agent has a residential or s.
Responsibility to Respond	
·	ime to manage the property during any period in which the property is occupied as a shall be required to respond to an active guest within 3 hours by phone or in person.
Jpdating Information	
	re that all of the information provided in the license application is kept up to date at provide updated information to the City within ten (10) days after the date upon
ublic Record	
acknowledge that this Affidavit is Public Record, and the city subject to public view on both the City's	nat the City Clerk shall maintain a list of currently-licensed Short Term Rental Properwebsite and in the Clerks Office.
Reporting	
-	ned and notarized, attesting to the number of nights rented in the prior year, as well odging taxes. Number of Nights Rented:
ocated ats not governed by any deed restrictions or covenants to information about my property. I understand that my soliance with these requirements.	printed name), swear under penalty of perjury that I am the owner of the property, that this property constitutes my primary residence. I affirm that this property hat would preclude it's use as a Short Term Rental. I have provided all of the required hort term rental license may be revoked at any time if I am found to be out of com-
igned:	of 2019, by
Date:	as owner of the property at
	Witness my hand and official seal.  Commission expires:
	Notary Public