Business License Attachment 1

Short Term Rental Operating License



This form is supplemental to the Business License Application and must be completed for each, individual Short-Term Rental unit.

SHORT TERM RENTAL INFORMATION	
Street Address (Include Unit Number if applicable):	
City, State, Zip:	
	rm Rental Land Use Permit, the Final Decision Letter has a VR or STR number, also
,	e. VR 18-09 or STR 19-04), associated with it.
Land Use Project Number:	
Date of Land Use Approval:	
Listing Number (The listing number(s) or website address(es) of where the short-term rental is advertised which may include, without limitation, the VRBO, Airbnb, and/or rental website number or account number and/or URL).	
OWNER INFORMATION	
Property Owner Last Name, First	
Property Owner Mailing Address	City, State, Zip
Owner Home Number	Owner Cell Number
· ·	y reside within the Sisters City limits and/or is not available when the property ion for a representative who may be contacted concerning use of the
Local Representative Last Name, First (or corporation name and contact person as appropriate)	
Representative Number	Representative email address
USE IN PRIOR 12 MONTHS	
Proof that the Short Term Rental was rented at least once in the prior 12 months must be submitted to show that the use has not been abandoned. Please check one:	
□ New STR □ Transient Room Tax has been submitted to the City within last 12 months	

OWNER ACKNOWLEDGMENT		
	□ I acknowledge that I've received and have reviewed of a copy of the Good Neighbor Guidelines.	
	□ I acknowledge that the Good Neighbor Guidelines have been effectively relayed to short term rental tenants by incorporating it into the rental contract, including it in the rental booklet, posting it online, providing it in a conspicuous place in the dwelling unit or a similar method and will submit evidence with this application.	
	□ I acknowledge that I have provided a notice to neighbors in compliance with SMC Section 5.50.060(2)(c) (annual notice which contains contact information for the owner and/or representative and was provided via mailing or hand delivery to neighbors within 250 ft OR was posted on-site)	
	□ I acknowledge that the City may maintain a list of active short-term rental licenses, including, without limitation, the owner and/or representative's name and telephone number, publicly available upon request.	
	□ I acknowledge that I have insurance in compliance with Section 5.50.080(C) (commercial general liability insurance in an amount not less than \$500,000 combined single limit for personal injury and property damage and \$1,000,000 in the aggregate or a homeowner's insurance policy or endorsement that provides coverage for short-term rentals).	
	□ I acknowledge that I will display my short-term rental license issued by City in a prominent location within the interior of the dwelling adjacent to the front door in compliance with SMC Section 5.50.080 (D).	
SIGNATURE		
	By signing this application, the owner/authorized agent agrees to abide by the Short Term Rental Operating License requirements as stated in the Sisters Municipal Code Chapter 5.50.	
	The undersigned declares under penalty of law that all information in this application is true.	
	Signature of Owner or Authorized Representative Date	
	Please PRINT Name	