

SHORT TERM VACATION RENTAL

CERTIFICATE APPLICATION

Page 1 of 2

Date Filed: _____ Certificate Number: _____ Received By: _____

General Information and Instructions

Please fill this Short Term Vacation Rental Application out *completely*. Type or print your information legibly. Upon submitting this application, the owner/agent is confirming that they have ownership or possession of the property for rent and shall submit proof of ownership or proof of agency and proof of insurance. The applicant shall also provide a concept plan demonstrating the parking and guest access. This application may not be submitted if the applicant does not yet have a Town of Cumberland Gap Business License.

Check box that applies:

- New short term rental unit
- Grandfathered short term rental unit

1. Contact Information

Property Owner(s) Name: _____

Mailing Address: _____

City, State, Zip Code: _____

E-mail address/Phone Number: _____

Applicant/Agent Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Phone Number: _____ Email: _____

2. Property Information

Property Address (property being rented):

Mailing Address: _____

City, State, Zip Code: _____

— Zoning: _____ Parcel Number: _____

Property Details:

A. Please provide a narrative of the area available for rent (Be specific, which bedrooms or common areas are available):

B. What are the days of operation? (all year, just holidays, weekends/weeknights, etc.):

C. How many bedrooms are available: _____

D. What is the property's maximum number of occupants? (Two (2) persons per bedroom up to 140 square feet, or for bedrooms over 140 square feet the occupant load will be determined by the area of the room divided by 70 square feet)

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

F. How will the trash be handled? _____

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3. Ownership and Agency

- A. Do you own the property? Yes No If no, what is your interest? _____
- B. Is this property owner-occupied? _____
- C. What company is your property's insurance carried by? _____
- D. What is the policy number of your property's insurance plan? _____
- E. What is your Town of Cumberland Gap Business License number? _____

5. Payment

A check payable to the Town of Cumberland Gap must accompany this application. This is a non-refundable fee. The application fee for owner-occupied Short-Term Vacation Rentals shall be \$75.00. The application fee for all other non-owner-occupied Short-Term Vacations Rentals shall be \$125.00.

Amount to be paid: _____

6. Items to Provide

Please provide these items with your application.

- Proof of Ownership
 - Proof of Agency (if necessary)
 - Proof of Insurance
 - Concept Plan
 - Certification/ and or registration number related to hotel/motel occupancy tax
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- For grandfathered applications, proof of compliance

7. Signature

I (We) certify that the facts set out in the forgoing request are true to the best of my knowledge. In the event any information given is found to be false, any decision rendered may be revoked at any time. I (We) understand that failure to provide adequate and complete information shall be the grounds for denial of this application.

In the event that the applicant/agent is not the owner, I (we) certify that the listed individual as the applicant/agent has the power and permission to represent the owner in this application and all matters related to it.

Applicant/Agent or Owner (Print Name)

Date

Applicant/Agent or Owner Signature