PARCEL #
 Application:

 041-____

VILLAGE OF EMPIRE SHORT TERM RENTAL APPLICATION FORM

Pro	Property Name / DBA:		
Property Address:			
Owner Name:			
Ow	Owner Address:		
Cit	City: State:	Zip:	
Ph	Phone: Email:		
Local 24-hour contact person (owner or agent) 1. Authorized by the Owner to take all remedial action 2. Available to respond to issues at the property			
Na	Name: Phone:		
Advertised Maximum Occupancy:			
By signing this Application, I certify that:			
2. 3. 4. 5. 6.	floor; and,	ontained in the Ordinance; and, d, stated maximum occupancy; ' fire extinguishers on each rior of the dwelling unit; and, ubmittals is true to the best of	

8. I will notify the Village of Empire if there are any changes to information on this Registration form; and,

9. With granting of a Short-Term Rental License I will indemnify the Village of Empire, its officers, agents, employees, and the Council against any and all loss, injury, or damage whatsoever arising out of or in any way connected with this registration and the activities associated with a license approved pursuant to this registration.

Print Name of Property Owner	Signature of Property Owner
Date:	
FO	R OFFICE USE ONLY
DATE REC'D	FEE PAID
DATE ACCEPTED:	LICENSE #:
APPROVED BY:	