Application #_____ Short-Term Rental Application

PELICAN RAPIDS

GOVERNMENT DATA PRACTICES ACT- CLASSIFICATION WARNING: The data you supply on this form will be used to process the permit you are applying for. You are not legally required to provide this data, but we will not be able to process the permit without it. Some of the data will be classified as public data if and when the permit is granted.

The City shall be entitled to recover its costs, disbursements, and attorney fees incurred while obtaining any necessary injunction, as a condition of issuance of the short-term rental license.

1. **Property Owner**

Name:_____

Address:_____

24-Hour Phone #: _____ Email:_____

2. **Local Property Manager** (Able to be on-site within 60 minutes of notification.)

Name:_____

Address:_____

24-Hour Phone #: _____ Email:_____

3. **Subject Property**

Address:_____

Number of Bedrooms and Sleeping Areas:_____

Number of Off-Street Parking Spaces:_____

4. **Please Include the following with Application**

a. A copy of any license required by the Minnesota Department of Health
b. Proof of rental liability insurance

5. **Site Plan** (See Next Page)

Please Include:

a. Exterior Property lines showing lot width, lot depth, and lot area
b. Location of buildings
c. Location and number of parking spaces
d. Location of all fences used for screening
e. Adjacent streets with names

SITE PLAN

Signature of Property Owner:	**Date:**