



SHORT-TERM RENTAL LICENSE APPLICATION			
1. COMPANY INFORMATION			
New Business		License Renewal	Name Change
Change in Ownership			
Corporation or LLC Name (if applicable)			State Tax ID
Name of Business (Must match business card & advertising)			FEIN #
Type of Ownership			
Sole Proprietor		Partnership	Limited Liability Company (LLC)
Corporation			
<i>The business name must be registered with the Missouri Secretary of State as www.sos.mo.gov. An out-of-state business must register as a transient employer by calling the Department of Revenue at (573) 751-0459</i>			
Rental Property Address			Phone
Mailing Address (if different from above)			Phone:
City	State		Zip Code
Business Contact Email			Business Website
2. NAME OF OWNERS, PARTNERS, LLC MEMBERS, OFFICERS (list below – provide add-on sheet if necessary)			
Name of Home Owner			Phone No.
Home Address			
3. PARTNERS, LLC MEMBERS, OFFICERS (list below – provide add-on sheet if necessary)			
Name		Title	Phone No.
Home Address			
Name		Title	Phone No.
Home Address			
Name of Manager			Phone No.
4. BUSINESS DESCRIPTION			
<i>Give a concise description of the business to be conducted. Any misrepresentation in the description of the business by the applicant may be sufficient cause for the license to be rejected or revoked.</i>			
Please check one		Single Family Dwelling	Lodging Rooms
Long-Term Rental			
Additional amenities*		Food Service	Alcohol
If Lodging, number of units _____		If Single Family/Long-Term, number of bedrooms _____ Sq Ft of home _____	
Designated Parking Area		Number of available spaces to park _____	
Additional description:			
*Additional permits or fees may be required for food and liquor sales and service.			

5. EMERGENCY CONTACT	
Primary Contact Name	Contact Number
Secondary Contact Name	Contact Number

13. RESPONSIBLE PARTY CERTIFICATION (To be signed by the local manager or owner that is responsible for the operation of the business) The individual signing this document must provide a copy of their current driver's license for identification.	
<p>I (the undersigned) have answered all questions on the application and to the best of my knowledge, all answers are true and correct. I further understand that false, misleading or any incomplete answers may result in denial or revocation of the license, if already issued. I am authorized by the business to make application and certify the information on its behalf. I will notify the City if I leave the employment of the business being licensed or if I no longer function as it's Responsible Party. On behalf of the business, I acknowledge and agree to the following: (Please initial each statement)</p> <p>_____ Our business cannot commence operations in Waynesville until a City business license is issued.</p> <p>_____ Our business must carry Worker's Compensation Insurance unless exempted by State Law and provide the City with proof of Insurance or of Exemption.</p> <p>_____ I must notify the City Clerk of any change in Business name, address, ownership or responsible party.</p> <p>_____ I am responsible for maintaining all additional permits or licensing (if applicable) if conducting business in Waynesville.</p> <p>_____ I agree to operate the business in accordance to all City ordinances and State Laws that affect our business operation.</p> <p>_____ I acknowledge by my signature below that I will accept responsibility for service of any citation issued by the City for any violations of the Waynesville Municipal Code by the business.</p>	
Responsible Party Signature _____ Printed Name _____	Date Signed
	Phone No.
	Email:

FOR OFFICE USE ONLY	
Zoning Classification of Rental Property	Is Conditional Use Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Approved number of guests per Occupancy limit _____	Number of Rooms/Units to be Rented _____
Is Signage visible? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does it conform to regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the property have sufficient parking? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Parking Spaces _____
Occupancy Inspection <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Business License No.
Building Official Signature	Date
City Clerk	Date