



Short-Term Rental/Vacation Rental APPLICATION FORM

Date _____

Applicant Name _____

Applicant Phone Number _____

Applicant Email Address _____

Did applicant provide proof of lawful presence in the United States?

- YES
- NO

Is the property registered as a short-term rental with Maricopa County Assessor?

- YES
- NO

TPT Number _____

FEIN Number _____

Carefree Business License Number _____

PROPERTY INFORMATION

Short-term Rental Physical Property Address

Maricopa County Parcel Number

CONTACT INFORMATION

- **OWNER**

Owner Name _____

Owner Address _____

Owner Phone Number _____

Owner Email Address _____

- **OWNER'S DESIGNEE (If different from the Owner)**

Owner's Designee Name _____

Owner's Designee Address _____

Owner's Designee Phone Number _____

Owner's Designee Email Address _____

- **EMERGENCY CONTACT**

Emergency Contact Name _____

Emergency Contact Address _____

Emergency Contact Phone Number _____

Emergency Contact Email Address _____

- **RENTAL UNIT**

Rental Unit Phone Number _____

I certify that the statements made in this application are true, complete, and correct to the best of my knowledge. Any false, misleading, or incomplete information constitutes grounds for denial of this license.

Signature

Date