

Date: _____

Non-refundable
application fee due at
submission



Short-Term Rental Application

Required for any dwelling unit, or portion of a dwelling unit, rented for dwelling, lodging, or sleeping purposes for a period of less than thirty (30) consecutive days within the City of Harrison.

1. Property Owner Information

Only the property owner may hold a Short-Term Rental License. If a property manager, business representative, or designated contact assists with this application, the property owner must still complete and sign the owner certification.

Legal Property Owner Name: _____

Business/Entity Name (if applicable): _____

Owner Mailing Address: _____

Phone Number: _____ **E-Mail:** _____

Preferred Application Contact (if applicable): _____

Phone Number: _____ **E-Mail:** _____

2. Short-Term Rental Property Information

Short-Term Rental Property Address: _____

Parcel ID Number: 070- _____ **-** _____ **-** _____

Property Type

- Single-family dwelling
- Two-family dwelling/duplex
- Apartment/multifamily unit
- Mixed-use building with residential dwelling unit.
- Other: _____

Type of Short-Term Rental

- Entire dwelling unit
- Portion of dwelling unit
- Other: _____

Is the property currently being used, advertised, or offered as a short-term rental?

- Yes
- No

If yes, list all platforms or methods used to advertise or rent the property:

- Airbnb
- Vrbo
- Booking.com
- Facebook or other social media
- Direct booking/personal website
- Other: _____

3. Designated Local Contact Information

The owner must designate a Local Contact who can be reached by telephone at all times the short-term rental is occupied. The Local Contact must have authority to respond to issues and coordinate corrective action. If a property manager or management company is involved, the owner must ensure the Designated Local Contact has authority to coordinate corrective action on behalf of the owner.

Is the Designated Local Contact the same person as the Property Owner listed in Section 1?

- Yes. The Property Owner listed in Section 1 is the Designated Local Contact.
- No. The Designated Local Contact is listed below.

If no, complete the following:

Local Contact Name: _____

Business Name (if applicable): _____

Mailing Address: _____

Phone Number: _____ **Email Address:** _____

4. Bedroom, Occupancy, and Floor Plan Information

Number of bedrooms proposed for short-term rental use: _____

The City will determine the maximum approved overnight occupancy based on the Short-Term Rental License Ordinance and inspection. Maximum overnight occupancy is two (2) persons per bedroom, plus two (2) additional persons per dwelling. Children under two (2) years of age are excluded from the occupancy count.

List each bedroom or proposed sleeping area:

Bedroom 1 Location: _____

Bedroom 2 Location: _____

Bedroom 3 Location: _____

Bedroom 4 Location: _____

Additional Bedroom(s) or Proposed Sleeping Area(s), if any:

A basic floor plan or written description sufficient for occupancy determination must be submitted with this application. Rooms used for sleeping must meet applicable emergency escape and rescue opening requirements. A room that does not meet applicable egress requirements may not be used or advertised as a sleeping room.

5. Required Submittals

A complete application must include the following:

- Completed Short-Term Rental License Application
- Non-refundable application fee
- Proof of liability insurance covering short-term rental use
- Basic floor plan or written floor plan description sufficient for occupancy determination
- Identification of all bedrooms and proposed sleeping areas
- Designated Local Contact information
- Current listing information or advertising links, if already advertised
- Business name, LLC name, or DBA information, if applicable
- Any additional information reasonably necessary for City review
- Acknowledgment that required interior posting materials must be completed and posted before STR operation

Ownership will be verified by the City using available property records. The City may require additional proof of ownership or legal authority if ownership cannot be confirmed.

6. Owner Certification and Acknowledgment

By signing this application, I certify and acknowledge the following:

A. I am the property owner, or I am authorized to sign on behalf of the legal property owner.

B. I understand that only the property owner may hold a Short-Term Rental License.

C. I understand that if a property manager, business representative, or designated contact assists with this application, the property owner remains responsible for the application, license, property, guests, occupants, and compliance.

D. All information submitted with this application is complete and accurate to the best of my knowledge.

E. I understand that a Short-Term Rental License is required before advertising, offering, leasing, renting, or operating a short-term rental in the City of Harrison.

F. I understand that a Short-Term Rental License is valid for twelve (12) months from the date of issuance, unless suspended or revoked.

G. I understand that the license is not transferable and automatically terminates upon sale, transfer, or change in ownership of the property.

H. I understand that the owner is responsible for the conduct of guests and occupants.

I. I understand that the short-term rental must comply with the City of Harrison Short-Term Rental License Ordinance, City ordinances, state laws, and applicable building and fire safety codes.

J. I understand that issuance of a Short-Term Rental License does not authorize any use prohibited by the City Zoning Ordinance or other applicable law.

K. I understand that the short-term rental must pass inspection before a license is issued.

L. I understand that failure to maintain required life-safety items may result in failed inspection, enforcement action, suspension, or revocation.

M. I understand that the City's inspection is limited to verifying compliance with the City's Short-Term Rental inspection checklist based on conditions observed at the time of inspection.

N. I understand that issuance of a Short-Term Rental License does not constitute a warranty, guarantee, or certification that the dwelling complies with all applicable codes at all times.

O. I understand that the owner remains responsible for ongoing compliance.

P. I understand that required interior posting materials, including occupancy, Local Contact information, emergency information, parking rules, noise and nuisance rules, and a property-specific fire evacuation and exit plan, must be posted inside the STR before operation.

Q. I understand that the owner or Local Contact must respond to City notices, documented complaints, inspection issues, or compliance requests within forty-eight (48) hours unless a different timeframe is specified by the City.

R. I understand that false statements, material omissions, misrepresentations, denial of inspection access, or interference with enforcement may result in denial, suspension, revocation, municipal civil infraction, or other enforcement action.

S. I authorize the City of Harrison, its employees, inspectors, and authorized agents to enter the property at reasonable times for the purpose of reviewing this application, conducting required inspections, and enforcing applicable requirements.

Property Owner Signature: _____ **Date:** _____

Printed Name: _____

Title or Authority, if signing for an entity, trust, or estate: _____

*****CITY USE ONLY*****

7. Administrative Review

Application Received Date: _____

STR Record Number: _____

Application Fee Paid:

Yes No

Ownership Verified by City:

Yes No

Insurance Received:

Yes No

Floor Plan Received:

Yes No

Bedroom / Sleeping Area Information Complete:

Yes No

Local Contact Information Complete:

Yes No

Listing Information Provided, if applicable:

Yes No

Application Complete:

Yes No If no, list missing items:

Staff Initials: _____ Date: _____