

Town of Jerome Short Term Rental / Vacation Rental (STR) License Application and Registration

Date of Application:							
Section 1: Business Information							
Name of STR:							
Legal Business Name (if different such as LLC):							
Physical Address of the STR Location:							
Current Mailing Address:							
Business Phone (available to the public):							
Email Address:							
Arizona TPT (Sales Tax) Number:							
Date Started as a STR in Jerome or proposed to start:							
Section 2: Ownership Information							
Owner Name:							
Title (Example: Owner, Member, Officer, Etc.)							
Mailing Address:							
Phone: Email:							
Section 3: Local Emergency Point of Contact							
Name of Local Contact:							
Mailing Address:							
24-Hour Contact Phone Number:							
Email Address:							
Note: The Town must be notified of any changes in this section at least ten days prior to the change taking effect.							

Section 4: Insurance Information							
Name of Insurance Company:							
Amount of General Liability Coverage:							
Date of Policy:							
Attach evidence of insurance coverage to this application (certificate of insurance)							
Section 5: Neighbor Notifications:							
Was notice provided to all neighboring properties (directly behind; directly across the							
street; next door on both sides where applicable; and diagonal? Yes: No:							
Provide complete street address of all properties notified and manner in which property							
was notified: Address of Property #1:							
Method of Notification:							
Address of Property #2:							
Method of Notification:							
Address of Property #3:							
Method of Notification:							
Address of Property #4:							
Method of Notification:							
Address of Property #5:							
Method of Notification							
Address of Property #6:							
Method of Notification							
Address of Property #7:							
Method of Notification:							
Address of Property #8:							
Method of Notification:							
Complete for each property applicable and attach additional sheets if necessary.							
Print name of person attesting to providing notification:							
Phone number and email of person providing notification:							

Email:

I hereby certif	fy and att	est that all of th	ie al	ove listed no	otificatio	ns were	made:		
Signature:						Date:			
					·				
Section 6: Or	nsite Info	ormation / Loca	atio	ns					
Location in the rental unit where the Emergency Point of Contact information is located:									
Location in the rental unit where the Town-issued license is located / displayed:									
Number of on-site, off-street / property parking spaces and									
locations:									
Number of on-street parking permits received from the Town, if									
any:									
Name (Print)):					_			
Signature:						Date:			
Staff Use Only	y:								
Date License	Applica	tion Received:							
Approved / I									
Date of Licer		or Denial:							
Signature of	Staff:								
License Num									
Notes and / or reason for denial:									