



CITY OF MONMOUTH
SHORT TERM RENTAL REGISTRATION

151 Main St W, Monmouth, OR 97361
 (503) 838-0722

For official use only:	
Date Received:	_____
Receipt No:	_____

Individuals that rent all or a portion of their home out to visitors (e.g. Air BnB, VRBO, etc.) are required to register their home with the City of Monmouth. Registration requires a **one-time application fee of \$25**. For more information on the City’s short term rental requirements visit: www.ci.monmouth.or.us, click on “City Services”, “Permits and Licenses”, or contact the City at (503) 838-0722, 151 Main Street West.

Applicant Information

Name	_____		
Home Address	_____		
Mailing Address	_____		
Phone Number	_____	E-mail	_____

Property and Rental Information

Property Address	_____		
Map & Tax Lot No.	_____		
Comp Plan Designation	_____	Zoning	_____
Owner Name	_____		
Owner Address	_____		
Owner Phone Number	_____	E-mail	_____
Accommodation Type	Please indicate the type of guest accommodations that will be rented: <input type="checkbox"/> Individual guest room(s) within the dwelling unit; <input type="checkbox"/> Entire dwelling unit; or <input type="checkbox"/> Both		
Total Number of Bedrooms in Dwelling Unit	_____	Number of Guest Rooms to be rented	_____
Number of On-Site Parking Spaces Provided¹	_____		
Hosted/Non-Hosted Rental	Please indicate whether you will be present as host during rentals. <input type="checkbox"/> Yes <input type="checkbox"/> No		

¹ An off-street parking plan may be required in order to verify adequate parking is available in conformance with Monmouth City Code Chapter 18.130

Number of Days Used as Non-Hosted Rental	<u>Please indicate the number of days per calendar year the dwelling will be used as a non-hosted short term rental</u> <input type="checkbox"/> 45 days or less per calendar year <input type="checkbox"/> 46 days or more per calendar year
Conditional Use Approval	<u>Has a Conditional Use Permit been approved for the rental?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No

Local Representative Information*

Name			
Address			
Phone Number		E-mail	
<i>*MCC 5.65.025 requires a local representative to be identified who can be contacted to respond to any issues that may arise during the term of a rental when the applicant/operator is not present as host. The local representative must permanently reside within the Monmouth city limits or be a licensed property management company with a physically staffed office within ten (10) vehicular miles of the city limits.</i>			

Authorization & Certification of Compliance

I hereby attest that all statements and information provided on, and submitted in connection with this application are true and correct and authorize City of Monmouth staff to enter the property and structure for inspection in conjunction with this license application.

By signing this document, I acknowledge that I have read all the regulations relating to the operation of a short-term rental under Monmouth City Code and will operate the short-term rental in compliance with such regulations and, when applicable, in compliance with the approved conditional use permit:

Authorized Signature **Print Name** **Date**

Authorized Signature **Print Name** **Date**

Registration of a short term rental is valid only as long as the owner who registers the dwelling remains the owner. In the event of the sale or transfer of the dwelling to another person, the registration is deemed expired, and the purchaser of the dwelling must file a new registration to continue to operate the dwelling as a short term rental.

For official use only:			
Date Approved: _____	By: _____		
Notice provided to:	Building Department <input type="checkbox"/>	Finance Department <input type="checkbox"/>	Police Department <input type="checkbox"/>