



Waitlist Short-Term Rental Business

Planning & Zoning
315 Bridge Street
Elk Rapids, MI 49629
231.264.9274

This information will be kept on file until additional rentals are available. The owner will be notified at such time.

Property Information		<input type="checkbox"/> Personal Unit	<input type="checkbox"/> Business Unit
Address:	Parcel #		
Applicant Information		Applicant is: <input type="checkbox"/> Owner	<input type="checkbox"/> Authorized Agent
Name of Applicant:			
Name of Trust/LLC (if applicable):			
<i>Permanent Address:</i>			
<i>Phone #:</i>		<i>e-mail:</i>	
Name of Short-Term Rental Business Representative:			
<i>Address:</i>			
<i>Phone #:</i>		<i>e-mail:</i>	
Dwelling Information			
<u># of Bedrooms # of Occupants:</u>		<u>Number of days available per year:</u>	<u>Number of Parking Spaces:</u>
Advertisement – Please list all websites and other media where unit is advertised.			
Certification – Please check boxes certifying the following statements are adhered to.			
<input type="checkbox"/> Each bedroom has a working smoke alarm; each floor has a working carbon monoxide detector and local agent will check those devices no less than every 6 months.			
<input type="checkbox"/> The property owner or a local agent will provide at least one copy of the required information provided in the Village’s Good Visitor Guide material to renters each time dwelling unit is rented.			
<input type="checkbox"/> If dwelling unit was used as short-term rental in past, how many days was it rented in previous calendar year? _____. Please provide documented proof of STR operation as defined in ordinance.			
<input type="checkbox"/> Proof of necessary insurance documents for the Rental Unit.			
Authorization			
<i>I hereby declare that the statements herein are true and complete, to the best of my knowledge and properly represent the purpose and intent of the declared use. I also declare that by making this application, the undersigned grants all officials, staff, and consultants of the Village of Elk Rapids access to the subject property as required and appropriate to assess site condition of a determination as to zoning & code compliance.</i>			
Applicant Signature: _____		Date: _____	
By signing the application, the applicant, representative and owner agree to comply with the requirements of the Village of Elk Rapids Short Term Rental Business Zoning and Code of Ordinances.			

Office Use Only

Required Information and Accompanying Documents

Completed/Signed Waitlist STRB License Application

Completed floor plan

Completed parking plan

Waitlist fee \$20.

Date received:

Date removed from waitlist:

Signature: _____ Date: _____