

SHORT-TERM RENTAL (STR) & HOTEL OCCUPANCY TAX REGISTRATION FORM

AUSTIN CITY CODE 11-2 | AUSTIN CITY ORDINANCE NO. 20130926-144

TYPE OF ESTABLISHMENT: MULTIFAMILY USE SHORT-TERM RENTAL

LICENSE: STR-TYPE 3

SHORT-TERM RENTAL MULTIFAMILY USE STRUCTURES ARE (1) RENTED FOR PERIODS OF LESS THAN 30 CONSECUTIVE DAYS, (2) PART OF A MULTIFAMILY USE AND (3) AN ENTIRE DWELLING UNIT.

STR/HOTEL INFORMATION					
	STR/HOTEL NAME:		COUNTY:		
	STR/HOTEL ADDRESS:	*CITY:		STATE:	ZIP CODE:
	DATE OPEN FOR BUSINESS:	NUMBER OF SLEEPING ROOMS:	OCCUPANCY LIMIT:	AVERAGE	CHARGE PER STRUCTURE:

*FOR <u>SHORT-TERM RENTAL LICENSING</u>, ALL HOTELS MUST BE LOCATED WITHIN THE CITY OF AUSTIN'S FULL PURPOSE OR LIMITED PURPOSE JURISDICTION. FOR <u>HOTEL OCCUPANCY TAX</u>, ALL HOTELS MUST BE LOCATED WITHIN THE CITY OF AUSTIN'S FULL PURPOSE JURISDICTION.

STR/HOTEL CONTACT INFORMATION				
NAME OF LOCAL CONTACT:	LOCAL CONTACT EMAIL ADDRESS:			
LOCAL CONTACT STREET ADDR	ESS:	CITY:	STATE:	ZIP CODE:
ARE THE STREET ADDRESS AND MAILING ADDRESS THE SAME?				
LOCAL CONTACT MAILING ADDRESS:		CITY:	STATE:	ZIP CODE:
TELEPHONE NUMBER:	EXTENSION:	FAX NUMBER:		

PROPERTY OWNER INFORMATION

□ IS THE OWNERSHIP INFORMATION THE SAME AS THE CONTACT INFORMATION?

PROPERTY OWNER NAME:		PROPERTY OWNER EMAIL ADDRESS:		
PROPERTY OWNER STREET ADDR	ESS:	CITY:	STATE:	ZIP CODE:
PROPERTY OWNER MAILING ADDRESS:		CITY:	STATE:	ZIP CODE:
TELEPHONE NUMBER:	EXTENSION:	FAX NUMBER:		

INSURANCE POLICY INFORMATION			
INSURANCE COMPANY NAME:	TELEPHONE NUMBER:	EXTENSION:	
INSURANCE COMPANY STREET ADDRESS:	CITY:	STATE:	ZIP CODE:

POLICY NUMBER:

REGISTRATION FORM VERIFICATION

□ I DECLARE THAT THE INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

OWNER'S SIGNATURE: PRINT NAME:	
OWNER'S SIGNATURE:	
PRINT NAME:	
OWNER'S SIGNATURE: PRINT NAME:	

Please complete the following steps to apply for a Short-Term Rental License (STR) from the City of Austin, as required for the operation of all Short-Term Rental Establishments:

*Print the Application

*Check the box next to Acknowledgement Statement and sign the application. The application MUST be signed by all owners listed on the Appraisal District's Records and the owner's agent, if applicable. Original signature required.

*Execute a Check or Money Order in the amount of \$517, for the licensing Fee and the notification fee of \$50 for a total of \$567, payable to the "CITY Of AUSTIN". The application fee is non-refundable.

*MAIL via USPS Certified Mail/Return Receipt Requested the Short-Term Rental Application with the required supporting documentation and licensing fee to:

City of Austin Austin Code Department Attn: Finance – STR PO Box 1088 Austin, TX 78767