



Development Services Department
SHORT-TERM RENTAL (STR) OPERATING LICENSE
APPLICATION

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) RENTAL OF AN ENTIRE DWELLING UNIT.

STR INFORMATION

STR NAME: COUNTY:

STR ADDRESS: *CITY: STATE: ZIP CODE:

DATE OPEN FOR BUSINESS: NUMBER OF SLEEPING ROOMS: AVERAGE CHARGE PER STRUCTURE:

* ALL PROPERTIES MUST BE LOCATED WITHIN THE CITY OF AUSTIN'S FULL PURPOSE OR LIMITED PURPOSE JURISDICTION. A LICENSE IS NOT REQUIRED FOR PROPERTIES IN THE ETJ.

§25-2-796 STR CONTACT INFORMATION

NAME OF LOCAL CONTACT: LOCAL CONTACT EMAIL ADDRESS:

LOCAL CONTACT STREET ADDRESS: CITY: STATE: ZIP CODE:

STREET ADDRESS AND MAILING ADDRESS ARE THE SAME

LOCAL CONTACT MAILING ADDRESS: CITY: STATE: ZIP CODE:

TELEPHONE NUMBER:

PROPERTY OWNER INFORMATION

OWNERSHIP INFORMATION IS THE SAME AS THE CONTACT INFORMATION

PROPERTY OWNER NAME: _____ PROPERTY OWNER EMAIL ADDRESS: _____

PROPERTY OWNER STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

PROPERTY OWNER MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE 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: _____ DATE: _____
 PRINT NAME: _____

OWNER'S SIGNATURE: _____ DATE: _____
 PRINT NAME: _____

OWNER'S SIGNATURE: _____ DATE: _____
 PRINT NAME: _____

Submitting an application does not guarantee issuance of a license. Application fees are non-refundable. Submit the Application Packet including all fees and required supporting documentation to:

- BY MAIL To: City of Austin – DSD Code Compliance, Attn: Finance - STR, P O Box 1088, Austin, TX 78767
- IN PERSON: E-mail strlicensing@austintexas.gov or call 512-974-9144 to schedule an appointment.
- Please include all required documents with your submission including but not limited to proof of property insurance, the Certificate of Occupancy, copy of owner’s state issued identification.

Please visit <https://www.austintexas.gov/department/code-compliance-guide-short-term-rentals> for more information.

If located in Austin Full Purpose, you can apply on-line at <https://financeonline.austintexas.gov/afo/finance>