

Worth Township Application for Short Term Rentals

**I. SHORT TERM RENTAL PROPERTY INFORMATION**

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**II. PROPERTY OWNER INFORMATION OR LLC**

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**III. PROPERTY OWNER'S LOCAL EMERGENCY CONTACT REPRESENTATIVE/AGENT**

(The Representee shall be available at the emergency phone number listed below (24 hours), (7) days a week and live within 30 miles of rental unit).

Representee Name: \_\_\_\_\_

Representee Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Representee Emergency Phone Number: \_\_\_\_\_

Representee Email: \_\_\_\_\_

**IV. INSURANCE POLICY INFORMATION/ PROPERTY TAX INFORMATION**

(Must provide a valid copy of Short-Term Rental insurance policy/ Current paid taxes)

Insurance Company Name: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Insurance Company Phone Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Taxes are current and up to date: \_\_\_\_\_

Do you have any outstanding bills, invoices or violations with Worth Township: \_\_\_\_\_

**V. PROPERTY INFORMATION:**

Advertised number of bedrooms: \_\_\_\_\_ Average length of rental stays: \_\_\_\_\_

Advertised maximum occupancy: \_\_\_\_\_ Advertised number of parking spaces: \_\_\_\_\_

Rentals are advertised for these months: (circle all that apply):

Jan Feb March Apr May June July Aug Sept Oct Nov Dec

Which hosting platforms do you advertise with: \_\_\_\_\_

Name of trash or garbage collection service used: \_\_\_\_\_

Visible reflective address posted on rental for emergency services: \_\_\_\_\_

Do you own or manage more than one short-term rental within Worth Township: \_\_\_\_\_

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Is this property you Principal Residence: \_\_\_\_\_

Burn permit obtained from Worth Township: \_\_\_\_\_

Copy of Short-term rental ordinance obtained from Worth Township: \_\_\_\_\_

**AFFIDAVT**

**The signer of this form herby states, warrants, certifies and affirms the following:**

1. All the information on this application form is true.
2. The application is accurate and complete.
3. I understand that all short-term rental units shall follow and comply with the short-term rental ordinance (23-02-15-01).
4. Each dwelling shall have an operating smoke detector in each bedroom and an operating carbon monoxide detector on each floor. Each dwelling will have a minimum of 2 working Fire extinguishers that are easily accessible in case of a fire.
5. I have liability coverage for the short-term rental property (1,000,000 minimum required).
6. I have trash/ garbage pickup.
7. Noise: (2002-01) I acknowledged and will enforce that quiet time is from 11:00pm to 7:00 a.m.
8. Fireworks: (Act 256 of 2011).
9. Burn Permit: must be obtained from Worth Township
10. Pets: (Act 339 of 1919) Pets must be leashed or secured on property.
11. Parking: All parking must be on owners' property, improved surface or garage. No parking allowed in road right away or street.
12. No External Signage
13. Floor sketch plan posted inside dwelling with emergency exits indicated.

Owner's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**By signing above, the owners /agent of the dwelling or short-term rental unit certifies that the above statements are true. Statements found to be falsified on this application and affidavit will be grounds to revoke the rental permit.**

NOTICE: The issuance of a certificate of registration shall in no way impact the zoning of the subject property, and shall not prevent Worth Township from enforcing Zoning Ordinance regulations and limitations on said property, or any other applicable code enforcement of Worth Township. '

**PERMIT NUMBER:** \_\_\_\_\_ **PERMIT FEE:** \_\_\_\_\_

**Issued by Worth Township:** \_\_\_\_\_