



**WASATCH COUNTY
CLERK'S OFFICE**

25 North Main Street
Heber City, Utah 84032
(435) 657-3190 fax 435-657-3328

PLEASE CHECK ONE	
<input type="checkbox"/>	New Application
<input type="checkbox"/>	Change of Ownership
<input type="checkbox"/>	Change of Information

Form Version 1.0 - February 2009

SHORT-TERM HOME RENTAL BUSINESS LICENSE APPLICATION

Short Term Rental Unit Information:

Physical (Situs) Address of Unit: _____	Wasatch County Parcel Number: (xx-xxxx-xxxx) _____
House Number Street City State Zip Code	
Subdivision Name: (if applicable) _____	Lot Number: (if applicable) _____

Applicant's Name & Information:

Name: (if business entity provide name and appropriate license numbers) _____	Mailing Address: _____
Telephone: _____	Email Address: _____
Home Work/Cell	
Utah Sales Tax Number: _____	Transient Room Tax Number: _____

Owner's Name & Information: (if different from above)

Name: (if business entity provide name and appropriate license numbers) _____	Mailing Address: _____
Telephone: _____	Email Address: _____
Home Work/Cell	

Property Management Company Information: (if applicable)

Name: (if business entity provide name and appropriate license numbers) _____	Mailing Address: _____
Telephone: _____	Email Address: _____
Home Work/Cell	
Required submission: <input type="checkbox"/> Attach statement from County Manager approving your property management company.	

Local Responsible Party: (may be employee of property management company, must be available 24 hours a day, 7 days a week)

Name: _____	Mailing Address: _____
Telephone: _____	Email Address: _____
Home Work/Cell	

Description of Short Term Rental Unit

Unit Type: (Check One) <input type="checkbox"/> Single Family House <input type="checkbox"/> Duplex <input type="checkbox"/> Room or portion of a dwelling unit	Describe:		
Total overnight use occupancy approved by the Wasatch County Fire District:	Total day use occupancy approved by the Wasatch County Fire District:	Total number of off-street parking spaces approved by the Wasatch County Planning Office:	Rental Unit square footage:
<input type="checkbox"/> I pledge that I shall prohibit renters or their guests from parking on the street or road at this residence.			
_____ Signature		_____ Date	

CERTIFICATION (Please read carefully and sign.)

I hereby certify, under the penalty of perjury, that the rental property listed in this application qualifies for use as a short-term home rental and will be operated in compliance with Wasatch County Code 11.08 and all other codes and regulations governing buildings for human habitation. I certify any designated property manager, agent, and/or contact person(s) identified in this application and I have read all requirements of Wasatch County Code 11.08 as pertains to the operation of a short-term home rental. I also certify that I am authorized to make this statement and the information provided on this application is true and correct. I understand that any false statements or information are grounds for denial of this application or revocation of a permit.

Furthermore, I understand I am subject to the collection and remittance of sales tax and transient-room tax.

Note: Any misuse of the privileges this permit allows or multiple complaints received by the County could constitute violations of this permit and subsequent penalties and/or suspension imposed.

Owner's Signature: _____

Please Print Name of Owner: _____

If Owner and Applicant are separate, both must sign; applicant to sign below:

Applicant's Signature: _____

Please Print Name of Applicant: _____