



SHORT TERM RENTAL LICENSE RENEWAL APPLICATION

Property Owner: _____

Property Location: _____ Tax Map #: _____

Owner Mailing Address: _____

Contact Phone #'s: _____ / _____
Day Time Night Time

Email: _____

Property Manager: _____

Local Address: _____

Contact Phone #'s: _____ / _____
Day Time Night Time

Email: _____

The renewed License will be issued upon receipt of a complete application, fee and approved STR inspection as needed (every three years.)

Any change in the name of person(s) holding interest in the STR or their contact information shall be provided to the Town within ten (10) days of such change. All persons holding an ownership interest in an entity shall be responsible to comply with the provisions of this local law and the Good Neighbor Flyer and each shall be liable for any violation thereof.

I/we, _____, the above-named applicant(s), hereby attest that I/we have read the Town of Shandaken STR Law and that the information provided on this application is true to the best of my/our knowledge and belief and that the STR is safe and habitable and, to my/our knowledge, complies with the State Building Code, Fire Prevention Code and Uniform Code.

Signature: _____ Date: _____
Signature: _____ Date: _____

This statement does not supersede the Code Enforcement Officer's authority to inspect STR's and enforce applicable laws, rules and regulations. False statements made on this application are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

Office Use Only

Date Recd: _____ Recd By: _____ Application Fee Recd: [] Yes [] No

License Issued: _____ License Expires: _____