

# VILLAGE OF KELLEYS ISLAND TRANSIENT RENTAL REGISTRATION

DATE: \_\_\_\_\_

NEW APPLICATION \_\_\_\_\_

RENEWAL APPLICATION \_\_\_\_\_

CERTIFICATE# \_\_\_\_\_ EXPIRATION \_\_\_\_\_

CERTIFICATE# \_\_\_\_\_ EXPIRATION \_\_\_\_\_

Section A:

RENTAL PROPERTY ADDRESS: \_\_\_\_\_ # of Bedrooms \_\_\_\_\_

PARCEL NUMBER: \_\_\_\_\_

NAME OF RENTAL (IF APPLICABLE) \_\_\_\_\_

SECTION B: PROPERTY OWNER/CORPORATION Information

Date \_\_\_\_\_ OWNER/CORPORATION \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

SECTION C: AUTHORIZED REPRESENTATIVE Pursuant to Ord. 2024-0-23

.05 OWNER RESPONSIBILITIES (b): The Property Owner or Property Manager must be a 24/7 contact. See Application Requirements (5).

Authorized Representative Name & Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ FAX \_\_\_\_\_

Company Name \_\_\_\_\_ Email \_\_\_\_\_ FAX \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Please include a copy of the Driver's license of OWNER**

Owners/Authorized Representative Signature \_\_\_\_\_

\$600.00 FEE ENCLOSED \_\_\_\_\_ Date \_\_\_\_\_

**TRANSIENT RENTAL DEPARTMENT USE ONLY:**

Date Received \_\_\_\_\_ Rec'd by \_\_\_\_\_

\$600.00 Fee included/Method of Payment \_\_\_\_\_

APPLICATION COMPLETED/RECEIVED:

PROOF OF INSURANCE \_\_\_\_\_ REGISTRATION WITH COUNTY \_\_\_\_\_

REGISTRATION WITH STATE \_\_\_\_\_ PROOF OF SEPTIC INSPECTION \_\_\_\_\_ HOME INSPECTION \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_