

REGISTRATION FORM

Short-Term Rental Registration Version 2024-1

APPLICANT INFORMATION

| Owner's Name: | | | |
|--|--------------------|--|--|
| Owner's Mailing Address: | | | |
| Owner's Email: | Owner's Phone: | | |
| STR UNIT INFORMATION | | | |
| Unit Physical Address: | | | |
| Tax Map Number: | Parcel ID: | | |
| Maximum Bedroom Count: | | | |
| Maximum Occupancy Count: | | | |
| Caretaker's Name: | | | |
| Caretaker's Physical Address: | | | |
| Caretaker's Email: | Caretaker's Phone: | | |
| APPLICATION FEE A non-refundable registration fee of \$300.00 must be attached to this form in order to be considered complete. ATTACMENT CHECKLIST | | | |
| The following items must be attached to this form in order to be considered complete: | | | |
| Proof of satisfactory compliance and/or inspection with the Vermont Division of Fire Safety (VDFS) Copy of VDFS Short Term Rental Safety, Health, and Financial Obligations Form Proof of a Vermont tax account for meals and rooms and/or sales tax Proof of homeowner's insurance with a short-term rental endorsement Photographs of adequate waste receptacles for occupant waste storage Photographs or site plan depicting all on-site parking, including guest parking Photograph of placement of Required Information to Occupants poster Copy of any STR rules you have required in connection with the STR If applicable, a copy of the written property management services agreement or contract | | | |
| INSPECTION | | | |
| The Short-Term Rental Officer will contact you for an inspection prior to the approval of your registration form. | | | |

Zoning Office 45 Union Street PO Box 482 Manchester, VT 05254

Ph: (802) 362-1515 ZONING@villageofmanchester.com Hours: Mon – Thu 9:00 am - 3:00 pm



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| SIGNATURE AND SUBMITTAL | | |
|-----------------------------------|--|---------------------------------|
| comply with all provision of appl | nd understand the Village of Manchester Short icable laws and ordinances. I hereby attest tha on contained within and attached to this form is | t I am the owner of the subject |
| Applicant Signature | | Date |
| ADMINISTRATIVE INFORMATION | | |
| Decision: | Approved | Denied |
| Inspection Date: | | |
| Notes: | | |
| Short-Term Rental Officer Signatu | ure HHHHHH | Date |

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