

CITY OF
CLARKSVILLE
TENNESSEE



**SHORT TERM RENTAL UNIT PERMIT
OPERATOR APPLICATION**

DATE _____

1. Location of proposed Short Term Rental Unit ("STRU"):

Address _____ Zip _____

2. What is the Operator's relationship to the STRU? Check all that apply.

Owner Resident Lessee Other—Please Describe _____

3. What type of dwelling is the STRU?

Single Family Home Duplex or Townhouse Garage Apartment Condominium
 Apartment in Apartment Building Carriage House Other—Please Describe _____

4. Name of Operator

Address of Operator: _____ Zip _____

Phone (____) _____ Email address _____

NOTE: If the Operator is a business entity, provide below the name, address, email address, and phone number of the entity's contact person. Also, attach proof that the entity is in good standing with the Tennessee Secretary of State.

Name _____ Address _____

Zip _____ Email address _____ Phone (____) _____

5. If Operator is not the Owner of the property, provide below the name, address, email address, and phone number of the Owner of property.

Name of Owner _____ Address _____

Zip _____ Phone (____) _____ Email address _____

CITY OF
CLARKSVILLE
TENNESSEE



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6. If the Operator is not the local contact person for the STRU, provide below the name, address, email address, and all telephone numbers of the local contact person.

Name _____

Address _____ Zip _____

Email address _____ Phone (____) _____

Alternate Phone (____) _____

Alternate Phone (____) _____

7. Name(s) of hosting platform(s) and internet website(s) where STRU will be advertised:

8. ATTACHMENTS

- Proof of ownership of the STRU (DEED)
- Proof of insurance
- Proof of payment of all taxes due
- Site plan (using the forms provided in this packet)
- Affidavit of Life Safety Compliance (enclosed in this packet)
- A City and County Business License

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By signing below:

I ACKNOWLEDGE THAT I HAVE READ AND WILL FOLLOW AND COMPLY WITH ALL REGULATIONS OF SECTION 5 CHAPTER 304 FROM ORDINANCE 1-2020-21 PERTAINING TO THE OPERATION OF A SHORT-TERM RENTAL UNIT. THAT I WILL COMPLY WITH AND PAY AS REQUIRED BY LAW ANY HOTEL/MOTEL TAX REQUIREMENTS AS LEVIED OR ASSESSED BY THE CITY, MONTGOMERY COUNTY, AND/OR STATE OF TENNESSEE. I ACKNOLEDEGE I NEED AND HAVE OBTAINED A CITY OF CLARKSVILLE BUSINESS LICENSE.

I ACKNOWLEDGE THAT OPERATING THE SHORT-TERM RENTAL UNIT WILL NOT VIOLATE ANY HOME OWNERS ASSOCIATION AGREEMENT OR BYLAWS, CONDOMINIUM AGREEMENT, COVENANTS, AND/OR RESTRICTIONS, MORTGAGE AGREEMENTS, INSURANCE CONTRACT, OR ANY OTHER CONTRACT OR AGREEMENT GOVERNING AND LIMITING THE USE OF THE PROPOSED SHORT-TERM RENTAL UNIT.

I SHALL DEFEND, INDEMNIFY, AND HOLD HARMLESS THE CITY OF CLARKSVILLE AND ITS OFFICERS, REPRESENTATIVES, AND EMPLOYEES FOR ANY AND ALL MATTERS RELATED TO THIS AND THE OPERATION OF THE SHORT TERM RENTAL UNIT. THE INDEMNIFICATION AND HOLD HARMLESS PROVISIONS STATED HERE SHALL SURVIVE REVOCATION OR EXPIRATION OF THE PERMIT.

I ACKNOWLEDGE THAT THIS AFFIDAVIT IS A "GOVERNMENTAL RECORD" AND IF I MAKE A FALSE ENTRY OR REPRESENTATION IN THIS AFFIDAVIT, THEN I COMMIT A VIOLATION OF TENNESSEE CODE ANNOTATED SECTION 39-16-504. I HAVE CAREFULLY CONSIDERED THE CONTENTS OF THIS AFFIDAVIT BEFORE SIGNING. I AFFIRM THAT THE CONTENTS ARE TRUE, TO THE BEST OF MY KNOWLEDGE.

OPERATOR/APPLICANT

Signature

Print Name

Date

OWNER (IF NOT OPERATOR/APPLICANT)

Signature

Print Name

Date



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**LIFE SAFETY COMPLIANCE
VERIFICATION FORM**

The Operator must certify compliance by signing below. All fields are required.

Verification of number and locations are required for the entire property, even those areas or rooms that are not available for Occupancy as part of the Short Term Rental Unit. Every smoke and carbon monoxide alarm must function properly with the alarm sounding after pushing the test button. Smoke alarms must meet Underwriters Laboratory (UL) 217 standards and must be installed inside sleeping rooms, outside sleeping rooms in the immediate vicinity of bedrooms, and on each story, including basements. Carbon monoxide alarms must be within 15 feet of the door of all bedrooms. There must be at least one (1) fire extinguisher in the Short Term Rental Unit.

Number and location(s) of smoke alarms:

Number and location(s) of carbon monoxide alarms:

Number and location(s) of fire extinguishers:

BY SIGNING BELOW, I AFFIRM THAT THE CONTENTS OF THIS FORM ARE TRUE AND THAT THE EQUIPMENT NOTED ABOVE IS FULLY OPERATIONAL. I ACKNOWLEDGE THAT THE CITY RESERVES THE RIGHT TO VERIFY THE PLACEMENT AND OPERATION OF THE EQUIPMENT BY INSPECTION.

OPERATOR/APPLICANT

Signature

Print Name

Date



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SITE PLAN INFORMATION: OVERVIEW

ADDRESS _____

Square Footage of the STRU _____

Number of Bedrooms in STRU _____

Number of Bathrooms in STRU _____

Number of Bedrooms Listed on Hosting Platform _____

Number of Floors with Habitable Space _____

Number of Doors Exiting to Exterior _____

Number of Vehicles Accommodated by Driveway _____

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SITE PLAN INFORMATION: FLOOR PLAN

Please draw a floor plan of the STRU below and illustrate where Transients will park.
You may also attach a digitally produced drawing.

ADDRESS _____