

SHORT TERM RENTAL BUSINESS REGISTRATION FORM

BUSINESS INFORMATION:					
Applicant Legal Name or Bu	siness Name:				
Applicant Physical Address:					
Mailing Address (if different)	:				
			,		
	City	S	tate	Zip	
	tion				(LLC)
Owner/Entity Federal Identifica	ation or Social Security#			_	
Note: Attach a separate s	sheet detailing information if the	ere are additional ow	ners for the p	roperty	
CONTACT INFORMATION:					
Name/Title:					_
Business Phone #	Cell Phone #:	Email:			
 If you answer Department copy of you Auburn bus If you answer answer the f 	Do you occupy this ered YES , your rental is classified a t at webplanning@auburnal.gov ir Home Occupation Permit mus- siness license. ered NO , your rental is classified a following question: agement company to manage this p e property management company_	as a HOMESTAY. Plea or (334) 501-3040 for st accompany this co s SHORT-TERM NON-I property?If answe	se contact th a Home Occu ompleted pag PRIMARY REN er YES, please	e Auburn Planning upation Permit. A e to obtain a City of ITAL (STNPR). Please provide the name	<u>NO</u>
If yes, please list the name(s)	mediary (such as Airbnb, VRBO, e of the intermediaryplatform(s):	,			
must accompany a Zoning	ntals (STNPR) require a Zoning (Certificate for each STNPR add at webplanning@auburnal.gov o	ress before a City of	Auburn busir		
FIRST YEAR LICENSE FEES	: Rental Start Date Jan 1 st – \$105	Jun 30 th	Rer	ntal Start Date After Ju \$55	lly 1 st
	e submitted to the revenue depa nail at revenue@auburnal.gov o		ur business li	cense. Contact	
	ly Lodging Tax is to be filed and		-term rental r	eceipts.	
	eclare that I have examined this fo tes that I take full responsibility for				

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