



Non-Owner Occupied Short Term Rentals Business License Application



NAME OF OWNER: _____ PHONE: _____

OWNER EMAIL ADDRESS: _____

OWNER MAILING ADDRESS: _____

OWNER PHYSICAL ADDRESS: _____

AGENT NAME: _____ PHONE: _____

AGENT EMAIL ADDRESS: _____

AGENT MAILING ADDRESS: _____

NEW MEXICO GROSS RECEIPTS TAX NUMBER: _____

HOW MANY OTHER STR LICENSES OR REGISTRATIONS DO YOU HOLD WITHIN SANTA FE COUNTY, INCLUDING WITHIN CITY LIMITS? _____

ADDRESSES OF THESE _____

NEW LICENSE RENEWAL (CHECK BOX)

SHORT TERM RENTAL INFORMATION

PHYSICAL ADDRESS OF STR: _____

MAILING ADDRESS OF STR: _____

WHAT WAS THIS STR USED FOR BEFORE IT BECAME AN STR? (E.G. LONG TERM RENTAL/VACANT/NEW BUILD):

IS THE STR A FULL DWELLING? PARTIAL DWELLING? ACCESSORY DWELLING? (CHECK ONE)

NUMBER OF BEDROOMS IN THE STR: _____ NUMBER OF PARKING SPACES PROVIDED: _____

LOCATION OF PARKING SPACES: _____

DESCRIBE WHERE YOU STORE TRASH (INSIDE OR IN A CONTAINER) _____

HOW IS YOUR TRASH REMOVED FROM THE PROPERTY? _____

HOW OFTEN IS TRASH REMOVED FROM THE PROPERTY? _____

INITIAL TO CONFIRM THAT ALL LISTINGS WILL INLCUDE YOUR BUSINESS LICENSE NUMBER _____

ARE THERE EXISTING WATER RESTRICTIONS ON THE PROPERTY? _____

CURRENT WATER METER READING: _____

INITIAL TO CERTIFY THAT YOU WILL COMPLY WITH THE FIRE PROTECTION STANDARDS AND HAVE SUBMITTED THE
FIRE CODE COMPLIANCE CERTIFICATION: _____

INITIAL THAT THE PROPERY IS POSTED WITH THE ASSIGNED PHYSICAL ADDRESS: _____

INITIAL TO CERTIFY THAT YOU WILL COMPLY WITH THE QUIET HOURS OF 10PM TO 7AM: _____

INITIAL TO CERTIFY THAT YOUR HOA COVENANTS DO NOT PROHIBIT SHORT TERM RENTALS: _____

NAME OF PERSON WHO CAN BE CONTACTED 24/7: _____

PHONE NO: _____ EMAIL: _____

A business license fee of \$375.00 will be assessed for all initial applications at time of submittal. A business license fee of \$300 will be assessed for all renewals at time of submittal. The business license is valid for one calendar year.

APPLICANT SIGNATURE: _____ **DATE:** _____

FOR OFFICIAL USE ONLY

LOCATION ID: _____ **UPC:** _____

DEVELOPMENT PERMIT NO: _____ **BUSINESS LICENSE NO:** _____

OCCUPANCY LIMIT: _____ **DAYTIME OCCUPANCY LIMIT:** _____

PARKING SPACES PROVIDED: _____ **WATER RESTRICTION AMOUNT** _____

TOWNSHIP _____ RANGE _____ SECTION _____ COMMISSION DISTRICT _____

LAND USE DIRECTOR

DATE

COMMENTS: _____
