



Short-Term Rental Unit Permit Application

Please complete this application in full. A Short-Term Rental Unit permit and City business license are required before a unit may be advertised, offered for reservation, or occupied for short-term rental use. The annual application fee is **\$250.00** and is non-refundable. Renewal applications must be submitted no later than fourteen (14) business days before permit expiration.

Applicant Information

_____	_____
Applicant / Owner Name	Phone
_____	_____
Mailing Address	Email
_____	_____
Property Address	Parcel / Tax Map ID

Ownership and Authorization

Is the applicant the property owner? ___ Yes ___ No

_____	_____
Name of Property Owner	Owners' Phone#
<small>(if different from applicant)</small>	_____
_____	Owners' Email
Entity/Trust Name (if applicable)	Tennessee Secretary of State Good Standing Attached
	___ Yes ___ No ___ N/A

Local Contact Person

_____	_____
Local Contacts Name	Phone
_____	_____
Relationship to Owner / Operator	Email

I certify that the local contact person identified above is available twenty-four (24) hours per day, seven (7) days per week, is authorized to take corrective action, and can respond in person within forty-five (45) minutes after notice of a complaint.

Signature: _____

Business License and Tax Compliance

_____	_____
City of Townsend Business License Number	State Sales / Use or Relevant Tax Account #

If the unit was previously in operation, attach documentation of the city business license and tax remittance history.

Property Details and Occupancy

_____	_____	_____
Total Bedrooms	Total Bathrooms	Total Sleeping Rooms
_____	_____	_____
Total Beds	Occupancy	Maximum Overnight Vehicles

Occupancy Standard: Maximum occupancy may not exceed two (2) beds per bedroom, and total occupancy may not exceed twelve (12) persons for a Short-Term Rental Unit.

I certify that the property provides off-street parking at a minimum ratio of one (1) space per bedroom and that on-street parking associated with this Short-Term Rental Unit will not be used except as otherwise permitted by applicable City regulations.

Life Safety Affidavit

Requirements

Applicant Check

Smoke alarms meeting UL 217 standards are installed inside each sleeping room, outside each sleeping area, and on every level of the dwelling, including basements.

Yes No

Carbon monoxide detectors meeting UL 2034 standards are installed within fifteen (15) feet of all bedrooms.

Yes No

At least one (1) operational fire extinguisher is provided on each floor in a readily accessible location.

Yes No

All exit paths are maintained in safe working order and are free of obstruction.

Yes No

Evacuation plans are posted on each level, including basements, and identify sleeping areas, exit routes, exits, and a clearly marked "You Are Here" location.

Yes No

Each chimney and firebox has been professionally cleaned and inspected within the past year by a certified chimney professional, or any nonfunctioning or prohibited chimney or firebox has been fully secured against guest access.

Yes No N/A

Required Attachments

- Site plan showing property boundaries, accessory structures, off-street parking spaces, and the maximum number of overnight vehicles.
- Floor plan showing dwelling size, room layout, sleeping areas, number and size of beds, and exit routes.
- Proof of ownership or written authorization to act on behalf of the owner, business entity, or trust.
- Tennessee Secretary of State good standing documentation, if applicable.

- Copy of current City of Townsend business license.
- Tax remittance history, if previously operating.
- Available inspection reports, third-party certifications, or other supporting life safety documentation.
- Written indemnification agreement holding the City of Townsend harmless from claims arising out of operation of the Short-Term Rental Unit.

Applicant Acknowledgments and Certifications

1. I have read this application and agree to comply with all applicable City of Townsend, County of Blount, State of Tennessee, and other applicable laws, regulations, ordinances, business license requirements, and occupancy privilege tax requirements.
2. I understand that this permit is non-transferable and may be suspended or revoked for noncompliance, material misrepresentation, change of ownership, inactivity exceeding thirty (30) months, threats to public safety, or repeated violations.
3. I understand that the City may inspect the premises upon application and at reasonable times, thereafter, including periodic or complaint-based inspections, to verify compliance.
4. I understand that this application is not complete until all required information and supporting documents have been submitted.
5. I agree to maintain a complaint log documenting complaints received regarding the Short-Term Rental Unit and the corrective action taken, and to provide those records to the City upon request.
6. I certify that the information provided in this application and all attachments is true, complete, and correct to the best of my knowledge.

Signatures

Applicant Signature

Date

Property Owners Signature (if Different)

Date

Local Contact Persons Signature

Date

City Use Only

Date Received

___ Yes ___ No
Application Complete

___ Yes ___ No
Fee Paid

Permit Number

Date Approved / Denied

Permit Expiration Date

Notes

