



VACATION RENTAL PRESCREEN

New Licenses

Date: _____

Applicant Name (if other than owner): _____

Owner Name: _____

Owned by Trust or Corporate Entity? NO YES (circle one)

Contact email: _____

Contact phone number: _____

Address of Property: _____

Property Type: _____

(Multi-unit, duplex, triplex, single unit, ADU, etc.)

Length of Ownership: _____

Owner Occupied? NO YES (circle one)

**Owner occupied status requires that the owner reside in the residence for at least 9 months out of the calendar year.