

**City of Ontario:** 444 SW 4th Street, Ontario, OR 97914  
**Community Development Center:** 458 SW 3rd Street  
Voice (541) 881-3224 / (541) 881-3222  
Fax (541) 881-3251



## SHORT-TERM RENTAL APPLICATION

**FILE #** \_\_\_\_\_  
**STR LICENSE #** \_\_\_\_\_

**Date Received:** \_\_\_\_\_  
**Accepted as Complete:** \_\_\_\_\_  
**Application Fee Paid Date:** \_\_\_\_\_

### PROPERTY OWNER(S):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

### APPLICANT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

### PROPERTY INFORMATION:

Address: \_\_\_\_\_

Tax Map: \_\_\_\_\_ Tax Lot: \_\_\_\_\_

Lot size: \_\_\_\_\_ Zoning: \_\_\_\_\_

Garbage Collector: \_\_\_\_\_

### CONTACT PERSON (S):

Name(s): \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

**SHORT-TERM RENTAL INFORMATION:**

Number of licensed short-term rentals on property: \_\_\_\_\_

Total number of licensed short-term rentals currently owned: \_\_\_\_\_

Transient lodging business registration on file:            Yes            No

Total short-term rental floor square footage: \_\_\_\_\_

Number of bedrooms: \_\_\_\_\_

Maximum night-time occupancy: \_\_\_\_\_ Maximum daytime occupancy: \_\_\_\_\_

Fire extinguisher available:            Yes            No

Floor plan of rental submitted:        Yes            No

Site plan of rental submitted:        Yes            No

Onsite parking designated:            Yes            No

House rules submitted:                Yes            No

Staff will evaluate the proposal based on criteria identified in Ontario Municipal Code 10A-57-101.

**AUTHORIZATION:**

I hereby consent that I am authorized to make the application for a short-term rental permit and the statements within this application are true and correct to the best of my knowledge and belief. I understand that I have the right to an attorney for verification as to the creation of the subject property. I consent to the inspection of the short-term rental unit, as per Ontario Municipal Code 10A-57-104(A)(7). I understand that any action authorized by the City of Ontario may be revoked if it is determined that the authorization was issued on account of false statements or misrepresentation.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of property owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of property owner

\_\_\_\_\_  
Date