

**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 PERMIT RENEWAL

**STR License #** \_\_\_\_\_

**Date Renewal Received:** \_\_\_\_\_

**Date Renewal Fee Paid:** \_\_\_\_\_

### 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: \_\_\_\_\_

\_\_\_\_\_

**CURRENT 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 nighttime occupancy: \_\_\_\_\_ Maximum daytime occupancy: \_\_\_\_\_

Fire extinguisher available inside:    Yes            No

Onsite parking designated:                Yes            No

**SHORT-TERM RENTAL RENEWAL:**

The information on-file is correct and applicable:                                Yes            No

**APPLICANT SIGNATURE AND RENEWAL CERTIFICATION:**

**I have reviewed all information being submitted as part of my renewal application and consent to renewing this license for the calendar year of 2026. All information submitted is true and correct to the best of my knowledge.**

Licensee’s Name	Signature	Date
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Staff will evaluate the proposal based on criteria identified in Ontario Zoning Code 10A-57-101.