



Date _____
Tracking Number _____

SHORT TERM RENTAL LICENSE/PERMIT APPLICATION

Property Address: _____ Apt./Ste. Number: _____

Type of Building: Residential (Single Family) Residential (Two Family/double) Apartment or Unit in Multi-Family Building Condo

Type of Rental: Accessory 1 side of a Double Accessory Partial Unit Temporary* Commercial

Number of Bedrooms in Unit: _____ Number of Bedrooms to be Rented: _____

Maximum number of Occupants per Bedroom: _____

List all platforms you will be renting this property through (e.g. AirBnB, VRBO, HomeAway, etc):

*IF TEMPORARY, indicate the duration(s) during which you are requesting to rent the unit.

If you do not successfully rent for the full duration, you must provide evidence of booking from all platforms you list on and attest to the number of successfully rented nights to be issued another temporary permit within 1 yr of original issuance.

Start Date	End Date

APPLICANT INFORMATION

Applicant Identity: Owner Tenant (If tenant, written permission to operate STR from Prop Owner must be attached)

Name _____

Mailing Address _____ City _____ State _____ Zip _____

Phone(s) _____ Email _____

OWNER INFORMATION SAME AS APPLICANT

Name _____

Mailing Address _____ City _____ State _____ Zip _____

Phone(s) _____ Email _____

TENANT INFORMATION SAME AS APPLICANT

Name _____

Mailing Address _____ City _____ State _____ Zip _____

Phone(s) _____ Email _____



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SHORT TERM RENTAL LICENSE/PERMIT

APPLICATION

24/7 CONTACT PERSON

Name _____ Company _____

Address _____ City _____ State _____ Zip _____

Phone(s) _____ Email _____

AGENT FOR SERVICE

Name _____ Company _____

Physical Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Phone(s) _____ Email _____

FEES

- ACCESSORY \$200.00/yr
- COMMERCIAL \$500.00/yr
- TEMPORARY \$50.00/application period if applicant holds valid homestead exemption
- \$150.00/application period if applicant does not hold a valid homestead exemption

ATTESTATIONS

I, _____, hereby certify that:

Initial _____	_____ has current, valid liability insurance of \$500,000 or more.
Initial _____	Each licensed dwelling has working smoke detectors in every bedroom, outside of sleeping areas, and on all habitable floors.
Initial _____	Each licensed dwelling has a properly maintained and charged fire extinguisher.
Initial _____	Each dwelling will provide a posting which provides emergency contact information and a floor plan indicating fire exits and escape routes, which shall be posted in a prominent location.
Initial _____	_____ is in compliance with the City's Minimum Property Maintenance, Building, Electrical, Mechanical, and Plumbing Codes.
Initial _____	_____ does and will continue to comply with all Use Standards of the Comprehensive Zoning Ordinance for the specific license type.
Initial _____	I, _____, have made best efforts to notify immediately adjoining properties of an application for a STR license.
Initial _____	_____ has no outstanding taxes or liens.
Initial _____	I, _____, hereby certify that if I am renter, I have the consent of the property owner to utilize this property as a short term rental.

Applicant Signature _____ Date _____

ACKNOWLEDGMENTS

I certify that the above information is true and correct to the best of my knowledge. I understand that the City of New Orleans is authorized to suspend or revoke a permit or license issued under the provisions of its Municipal Code wherever a permit or license is issued in error or on the basis of incorrect, inaccurate or any false statement or misrepresentation, or in violation of any ordinance or regulation or any of the provisions of the City of New Orleans Municipal Code, the Comprehensive Zoning Ordinance, the International Construction Code or International Fire Code as adopted by the City of New Orleans. Fines and penalties for misrepresentation of material facts will be assessed in accordance with City of New Orleans ordinances and State of Louisiana Revised Statutes. I understand that any change in the scope or cost of the work must be reported to the Department of Safety and Permits and additional permits may be required.

I certify that I have the authority of the current property owner(s) to apply for the proposal contained in this application.

Applicant Signature _____ Date _____