

SHORT-TERM RENTAL (STR) & HOTEL OCCUPANCY TAX REGISTRATION FORM

TYPE OF ESTABLISHMENT:

TELEPHONE NUMBER:

EXTENSION:

AUSTIN CITY CODE 11-2 | AUSTIN CITY ORDINANCE NO. 20130926-144

LICENSE:

(OWNER-OCCUPIED) SHORT-TERM REN	NTAL SECONDARY STRUCTURE	STR- TYPE 1 SECONDARY			
(OWNER-OCCUPIED) SHORT-TERM RENTAL SECONDARY STRUCTURES ARE					
 (1) RENTED FOR PERIODS OF LESS THAN 30 CONSECUTIVE DAYS, (2) ASSOCIATED WITH AN OWNER-OCCUPIED PRINCIPAL RESIDENTIAL UNIT, (3) AN ENTIRE DWELLING UNIT, AND (4) RECORDED WITHIN TRAVIS OR WILLIAMSON COUNTY APPRAISAL DISTRICT AS A HOMESTEAD. 					
S	TR/HOTEL INFORMATION				
STR/HOTEL NAME:	COUNTY:				
STR/HOTEL ADDRESS:	*CITY:	STATE: ZIP CODE:			
DATE OPEN FOR BUSINESS: NUMBER OF SLE	EEPING ROOMS: OCCUPANCY LIMIT	: AVERAGE CHARGE PER STRUCTURE:			
*FOR <u>SHORT-TERM RENTAL LICENSING</u> , ALL HOTE LIMITED PURPOSE JURISDICTION. FOR <u>HOTEL OCC</u> FULL PURPOSE JURISDICTION.					
STR/HOTEL CONTACT INFORMATION					
NAME OF LOCAL CONTACT:	LOCAL CONTACT EMAIL A	DDRESS:			
LOCAL CONTACT STREET ADDRESS:	CITY:	STATE: ZIP CODE:			
☐ ARE THE STREET ADDRESS AND MAILING AD	DDRESS THE SAME?				
LOCAL CONTACT MAILING ADDRESS:	CITY:	STATE: ZIP CODE:			

FAX NUMBER:

PROPERTY OWNER INFORMATION						
☐ IS THE OWNERSHIP INFORMATION THE SAME AS THE CONTACT INFORMATION?						
PROPERTY OWNER NAME:	PROPERTY OWNER EMAIL AL	DDRESS:				
PROPERTY OWNER STREET ADDRESS:	CITY:	STATE:	ZIP CODE:			
PROPERTY OWNER MAILING ADDRESS:	CITY:	STATE:	ZIP CODE:			
TELEPHONE NUMBER: EXTENSION:	FAX NUMBER:					
INSURANCE POLICY INFORMATION						
INSURANCE COMPANY NAME:	TELEPHONE NUMBER:	EXTENSION:				
INSURANCE COMPANY STREET ADDRESS:	CITY:	STATE:	ZIP CODE:			
POLICY NUMBER:						
REGISTRATION FORM VERIFICATION						
□ I DECLARE THAT THE INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.						
OWNER'S SIGNATURE:PRINT NAME:	D _i	ATE:				

Please complete the following steps to apply for a Short-Term Rental License (STR) from the City of Austin, as required for the operation of all Short-Term Rental Establishments:

OWNER'S SIGNATURE: ______PRINT NAME: ______

OWNER'S SIGNATURE:

PRINT NAME: _____

DATE: _____

City of Austin Austin Code Department Attn: Finance – STR PO Box 1088 Austin, TX 78767

^{*}Print the Application

^{*}Check the box next to Acknowledgement Statement and sign the application. The application MUST be signed by all owners listed on the Appraisal District's Records and the owner's agent, if applicable. Original signature required.

^{*}Execute a Check or Money Order in the amount of \$517 for the licensing Fee the notification fee of \$50 for a total of \$567, payable to the "CITY Of AUSTIN". The application fee is non-refundable.

^{*}MAIL via USPS Certified Mail/Return Receipt Requested the Short-Term Rental Application with the required supporting documentation and licensing fee to: