



Accessory Short-Term Rental License Application

Permit Application Center (City Hall)

555 Liberty St. SE, Room 320 • Salem, OR 97301

503-588-6173 | planning@cityofsalem.net

(For office use only)

License #:

*If you need help understanding this information, please call 503-588-6213
Si necesita ayuda para comprender esta informacion, por favor llame 503-588-6213*

Applicant Information

Name			
Home Address			
Mailing Address			
Phone Number		E-mail Address	

Criminal History	Have you been CONVICTED of a criminal offense (Felony or Misdemeanor)?		
	<input type="checkbox"/> No	<input type="checkbox"/> Yes (state crime, arresting agency, and date) <i>(Note: Attach additional page(s) if necessary to answer question completely)</i>	
	List any PROBATION violations within the last 10 years. <i>(Note: Attach additional page(s) if necessary to answer question completely)</i>		

Property and Rental Information

Property Address			
Map & Tax Lot No.			
Comp Plan Designation		Zoning	
Ownership of Rental	Are you the owner or a renter of the home to be rented?		
	<input type="checkbox"/> Owner	<input type="checkbox"/> Renter (renters must submit written authorization from the owner of the home to operate it as an accessory short-term rental)	
Owner Name			
Owner Address			
Owner Phone Number			
Structure Type	Please indicate the type of structure the rental will be located within:		
	<input type="checkbox"/> Single family dwelling unit;	<input type="checkbox"/> Dwelling unit in condominium	
	<input type="checkbox"/> Two family dwelling unit;		
	<input type="checkbox"/> Guest house; or		

Accommodation Type	Please indicate the type of guest accommodations that will be rented:		
	<input type="checkbox"/> Individual guest room(s) within dwelling unit/guest house; <input type="checkbox"/> Entire dwelling unit/guest house; or <input type="checkbox"/> Both		
Total Number of Bedrooms on Property			Number of Guest Rooms to be Rented
	<i>Note: Include in total any bedrooms in a guest house</i>		
Accessory Dwelling Unit on Property?	<input type="checkbox"/> No, an accessory dwelling unit is not located on the property.	<input type="checkbox"/> Yes, an accessory dwelling unit is located on the property.	
Hosted/Non-Hosted Rental?	Please indicate whether you will be present as host during rentals.		
	<input type="checkbox"/> Yes, I will be present. <input type="checkbox"/> No, I will not be present. <input type="checkbox"/> Both. I will be present during some rentals and not present during others.		

Local Representative Information*

Name			
Address			
Phone Number		E-Mail Address	

* SRC 30.1005(c) requires a local representative to be identified who can be contacted to respond to any issues that may arise during the term of a rental when the applicant/operator is not present as host. The local representative’s contact information will be provided to the applicable Neighborhood Association and made available on the City’s website at the following location: www.cityofsalem.net/Pages/short-term-rental.aspx

Authorization & Certification of Compliance

I hereby attest that all statements and information provided on, and submitted in connection with, this application are true and correct and authorize City of Salem staff to enter the property and structure(s) for inspection in conjunction with this license application.

By signing this document, I acknowledge that I have read all the regulations relating to the operation of an accessory short-term rental under Salem Revised Code and will operate the accessory short-term rental in compliance with such regulations:

Authorized Signature	Print Name	Date
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Authorized Signature	Print Name	Date
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Electronic Signature Certification: By utilizing an electronic signature (whether typed, graphical, or free form), I certify herein that I have read, understood, and confirmed all the statements listed above and throughout the application form. Initials: _____

FOR CITY STAFF USE ONLY – DO NOT WRITE BELOW			
Date Received:		Received By:	
Receipt No.			