



# City of Brookings

898 Elk Drive, Brookings, OR 97415

(541) 469-1135 Fax (541) 469-3650

TTY (800) 735-1232

[www.brookings.or.us](http://www.brookings.or.us)

## Short-Term Rental Registration

To be submitted upon approval of Conditional Use Permit

Any existing dwelling in any of the residential zones and in the General Commercial (C-3) zone can be used for short-term rental purposes as set forth in that zone, pursuant to certain regulations as stated in City of Brookings Ordinance No. 08-0-616. *Any change to the following information must be reported to the City.*

By signing this form, applicant agrees to the following:

1. The dwelling at \_\_\_\_\_ will be used as a short-term rental.
2. The dwelling is located in an \_\_\_\_\_ zone and it's use as a short-term rental is permitted by Conditional Use Permit Number: \_\_\_\_\_
3. I have applied for a City business license or have a current one for the dwellings use as a short-term rental. Business License Number: \_\_\_\_\_
4. I acknowledge receipt of transient occupancy tax (TOT) information and will submit monthly payments as required by the transient room tax ordinance. (Forms obtained from Finance Dept.)
5. The following person is my local representative with the authority to make or have repairs made, resolve disputes and/or terminate occupancy if necessary:
  - a. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
(must be within the Brookings Urban Growth boundary)  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_
6. The above representative's name and telephone number are posted within the dwelling.
7. I subscribe to a scheduled waste collection service and trash receptacles are on the property.

Property Owner's Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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

City Use Only:	Checked & Approved by:	Date:
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