



400 N. Iron Street, Salem, Missouri 65560
(573) 729-4811 Fax (573) 729-5371
www.salemmo.com

VACATION RENTAL LICENSE APPLICATION

Please complete the following application and return it to the City of Salem's Clerk's Office. A separate application is required for each physical unit location. The license is good for one calendar year from January 1 to December 31st.

Please check one: New License: \$25 License Renewal: \$25

Fees are due when filing this application with the City Clerk. Applications will not be accepted without a full payment of the fee. Fees are non-refundable.

Applicant/Owner Information

Name of Applicant/Property Owner: _____

Property Owner Mailing Address _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cellular #: _____

Email Address: _____

Vacation Rental Information

Physical Address of Proposed Vacation Rental: _____

Unit #: _____ Number of Bedrooms: _____ Number of Off-Street Parking Spaces: _____
**Code requires a minimum of 1 parking space per bedroom*

Approximate Square Footage of Unit: _____ Maximum # of Overnight Guests Permitted in Unit: _____
**Code allows up to 2 people per bedroom, plus 2 people*

Check Next to Each Applicable:

Unit is in an ADU (Accessory Dwelling Unit) Unit is in a Multifamily Complex
 Unit is attached/part of a Single Family Home Unit Comprises Entirety of Single

Family Home

Local Owner Representative/Authorized Agent Contact Information

Per Municipal Code, an authorized agent is required to be located within 30 miles of the unit. This individual will be responsible for answering all questions relative to the operation of the unit.

Name of Local Owner Representative/Authorized Agent: _____

Property Owner Mailing Address (include PO Box if applicable): _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cellular #: _____

Email Address: _____



Required Attachments to this Application Include:

___ Proof of Homeowners Insurance Coverage for the Premises

___ Proof of Ownership of the Vacation Rental*

___ Site Sketch Demonstrating Location of Unit on Property, Property Dimensions, Driveway Access to Property, and # of Parking Spaces (may be hand drawn but items must be clearly identified)

___ Signed Affirmation by Property Owner

**If the applicant is not the owner, the application shall include written authorized, signed and notarized, from the owner of the proposed licensed premises for use of the same for short-term rental purposes.*

By my signature below, I represent that all information contained in this application is true and correct to the best of my knowledge. I further certify that I have read the City's Ordinance 3437 regarding Vacation Rentals and am aware of the regulations within the Ordinance.

Signature of Owner(s)

Date

Signature of Owner(s)

Date

CITY OF SALEM STAFF USE ONLY

Date and Time Application Received: _____ By: _____

Payment Date: _____ Amount Received: _____ By: _____

Vacation Rental Premises Inspections:

___ **Building Inspection** on (DATE): _____ By: _____
___ Inspection Approved ___ Inspection Denied for the Following Reasons:

___ **Planning Review** on (DATE): _____ By: _____
___ Approved ___ Denied for the Following Reasons:

___ **Checked Registration for Missouri Sales Tax and Tourism Tax Account with Dent County** on (DATE):
_____ By: _____

Vacation Rental License Approved, Date: _____

Vacation Rental License Denied, Date: _____

VR License Number: _____ Town Sales Tax Number: _____

County Transient Tax Number: _____



Affirmation by Property Owner

Please initial next to each statement below and sign and date below.

I understand that I am required to remit all applicable Tourism taxes to Dent County.

____ Owner Initials

I understand that the City of Salem will inspect my property for health, safety and welfare requirements with the approval of this license any subsequent renewals.

____ Owner Initials

I understand that the City of Salem, Missouri accepts no legal liability in connection with the approval and subsequent operation of the applied for vacation rental. I hereby release the City of Salem, Missouri, its employees, representatives, agents and elected or appointed officials from any and all liability in connection with the proposed approval and subsequent operation of the applied for vacation rental.

____ Owner Initials

I understand that I am required to notify the City of Salem if I choose to no longer operate my vacation rental and choose to release my license. I understand that the fee for the license is non-refundable.

____ Owner Initials

I understand that I am required to comply with the provisions of Ordinance 3437. I also understand that I am required to comply with the Land Use and Zoning Codes pertaining to Conditional Use Permits, if applicable to my rental.

____ Owner Initials

I understand that any violations are subject to enforcement action including revocation of this vacation rental license, sales tax license and other applicable provisions for enforcement.

____ Owner Initials

APPLICATION HAS BEEN EXAMINED BY ME; THAT ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION AND ALL ATTACHMENTS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AWARE OF, AND FULLY UNDERSTAND THE CITY OF SALEM REGULATIONS REGARDING VACATION RENTALS.

Property Owner's Signature: _____ Date: _____

Printed Name: _____