

SHORT TERM RENTAL DWELLING BUSINESS LICENSE REQUIREMENTS

OF	FIC	E U	SE (ON	LY

CSR INIT	IALS
DATE	
LICENSE	#
FEE	\$125.00

NEW RENTALS

- Provo City short term rental application
- Proof of ownership of the property (land records or the deed).
- Copy of liability insurance and policy number
- If you have your property is listed under any entity outside of a personal name, you
 will need to bring proof of the registered name of your business from the
 Department of Commerce.
- State of Utah sales tax license, and business entity registration
- Federal EIN number

Conditions and Requirements for Short Term Rentals

- If owner resides outside of Utah, you will need a registered agent with a power of attorney and a property manager. The registered agent and manager can be the same person if they live within 20 miles of the property. The power of attorney must be notarized.
- If the owner lives further than 20 miles from the property, they need a property manager.
- STR licenses will need to be renewed annually in accordance with the established process.

SHORT TERM RENTAL APPLICATION

OWNER / BUSINESS INFORMATION

Entity Type:	O Limited Liabili	ty Company (L	LC) 0 (Seneral Partnership	O Corporation
	O Limited Liabilit	y Partnership (L	LP) O L	imited Partnership	(LP)
Sub Entity Type:	O Foreign (Domiciled Outside of Utah) O Doing Business as (DBA)				
Owners Name					
	O Owner	O Officer	O Agent	(check one)	
State Tax Number			_		
Federal EIN Number			_		
Name of Property as registered on land records					
Mailing Address (No	PO Boxes)				
City		S	tate	Zip Cod	le
Primary Phone Numl	ber ()		Date	of Birth	
Email					



REGISTERED AGENT INFORMATION

Complete section 3: If property owner lives outside the State of Utah, they will need a registered agent with power of attorney and property manager. Registered agent must reside in Utah

Legal Representative or Agent Na	ame (with limited power o	f attorney)	
Address			
		Zip Code	
		Date of Birth	
Email			
PROPERTY MANAGER INFOR	RMATION (IF DIFFERE	NT FROM REGISTERED AGENT)	
	<u> </u>	al property. (Manager must live within 20	
property)			
Property Name (if applicable)			
Property Manager Name			
Address			
City	State	Zip Code	
Primary Phone Number()	Email		
LIABILITY INSURANCE INFO			
This information is mandatory for a co	omplete application.		
Insurance Company Name			
		9	
Address			
City	State	Zip Code	
Phone ()	Email		
BUILDING INFORMATION			
Rental Dwelling type: O Condo O Apartmer	O Duplex O Tri nt (5 or more units) O Sin	olex O Fourplex gle Family Dwelling O Accessory Dwe	lling Unit
(we) hereby certify, to the best	t of my knowledge or ne use and occupancy	As the property owner or responsible belief, that the information submitted of the rental dwelling(s) conforms ble ordinances.	in this
Signed by	Print Na	ıme	
(Owner of property or Registered Age			
Date	Title		

IF THERE ARE ANY CONFLICTS BETWEEN THIS FORM AND PROVO CITY CODE, PROVO CITY CODE SHALL PREVAIL.

LIMITED POWER OF ATTORNEY

Disclaimer: The following Special Power of Attorney has been prepared for the convenience of rental dwelling owners who must comply with Section 6.26.040 of the Provo City Code. In relevant part, this section requires the owner of a rental dwelling who is not a Utah resident to designate in writing a power of attorney, in the name of a resident agent, for receipt of service for notice of violations of the Provo City Code and for service of process.

Provo City Corporation makes no representation whatsoever about the form, usability, or validity of this Special Power of Attorney. If you have any questions about the use of this document, you should seek the advice of an attorney who can advise you about the validity and the consequences of using this document.

SPECIAL POWER OF ATTORNEY

Be it acknow	wledged, that I,	y to	(name of Principal) hereby appoint and(name of Agent) as my
attorney-in- notice of an	fact, to act as if I wer y violation of the Pro	e actually present, with f	ull power and authority to receive service for e service of process, acknowledged by such
any person	relying on this power		oked upon my death; provided, however, that Il rights to accept the authority of my ed by Provo City.
However, m	y Agent shall be liabl		a judgment error that was made in good faith. or the failure to act in good faith while acting
I authorize r document.	my Agent to indemnif	fy and hold harmless any	third party who accepts and acts under this
			mediately and shall not be affected by my ot as may be provided otherwise by applicable
(Principal)			
(Date)			
STATE OF _			
COUNTY O	F		
On this	day of	in the year	, before me
a notary pu	blic, personally appea	ared	(name of Principal) proved on the
basis of sati	sfactory evidence to	be the person whose nar	ne is subscribed to this instrument, and
acknowledg	ged he executed the s	same. Witness my hand a	ınd official seal.
Notary Pub	lic		
My Commis	sion Expires		