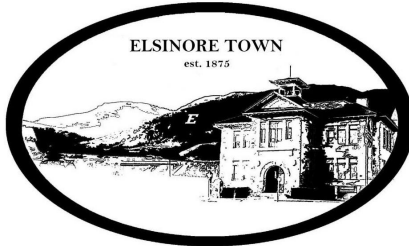


**ELSINORE TOWN CORPORATION**  
35 WEST MAIN, PO BOX 408, ELSINORE UTAH 84724-0408  
PHONE/FAX NUMBER: 435-527-3306  
ELSINORETOWN@CUT.NET



## SHORT-TERM RENTAL LICENSE APPLICATION

Name of Owner/Name of Property: \_\_\_\_\_

Type of Owner: ( ) Individual/Proprietorship ( ) Corporation ( ) LLC ( ) Partnership  
( ) Joint Stock Co. ( ) Trust

Utah State Tax Number and/or Registration Number: \_\_\_\_\_

Dwelling Type: ( ) Condo ( ) Duplex ( ) Single Family Dwelling ( ) Apartment

Location or Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Number of Bedrooms: \_\_\_\_\_

Number of persons that rental will accommodate: \_\_\_\_\_

Local Property Representative (if not owner): \_\_\_\_\_

Physical Address: \_\_\_\_\_ Town: \_\_\_\_\_

Phone: \_\_\_\_\_ (must be available 24 hrs)

Proof of off-street parking for max # of potential renters \_\_\_\_\_

Property Owners Notes or Explanations:

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Additional Short-Term Rental Addresses:

Address: \_\_\_\_\_ # of bedrooms: \_\_\_\_\_ # Max of people: \_\_\_\_\_

Address: \_\_\_\_\_ # of bedrooms: \_\_\_\_\_ # Max of people: \_\_\_\_\_

I hereby apply for an Elsinore Town Short-Term Rental License and certify to the best of my knowledge that the information shown above is correct

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Approval: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY

Parking Ordinance Compliance \_\_\_\_\_ \$40 License Fee Paid \_\_\_\_\_