(OFFICE USE ONLY)	BUS#	REG#	TOT#



Code Enforcement Division

DATE_

CITY OF ANAHEIM SHORT-TERM RENTAL PERMIT APPLICATION

200 S. Anaheim Blvd. #136, Anaheim, CA 92805

Applications are accepted in person Mon-Fri 8AM-5PM

OUNDED 1851	P.O. Box 61042, Anaheim, CA 92803-6142			or by Mail				
1010	Chapt	714) 765 t er 4.05-A na		icipal	Code			
☐ New Applic	ation			•		iness N	ame Ch	ange
Open/Start or Ch								9
PART 1: NAME AND A	•				— PROI	DERTY		
Business Name	DDIVEGO G.	JIIOIKI I		TIAL	_			
Business Address								
City		State				Zip		
ANAHEIM		CA	<u> </u>					
(Include All Business Telephone N Business Phone	umbers) Fax	Fax Number			E-mail			
Mailing Address								
City		State				Zip		
PART 2: OWNERSHIP	INFORMATIC	N						
Please check the appro	priate ownersh	nip type:						
Sole Ownership	☐ Sole Ownership ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ Limited Liability Co.							
Limited Partnership [Receiver	Trust		Other				
Tax ID or EIN #:	State	e ID#:				Resale P	ermit#:	
Primary Owner, Partner	, or Officer Info		-	nclu	ide add	ditional	owners	s on PART 2B)
Last Name			First Name	е			Middle	
Alias or Maiden Names								
Home Address						-		
City State				Zip			Phone	
Place of Birth Date of Birth								
Driver's License No.	State Soc	cial Security No.			Other Lic	enses Held		State
L							1	
		OF	FFICE USE ON	NLY				
APP REC'D	BY							
TRANSMITTED TO DEPARTMENTS				_ BY_				
REVIEWED BY: PLANNING DEPARTMENT								
	· =	Pacammandat	tion			r	2V	

Recommendation

BY_

PART 2B: OWNERSHIP INFORMATION Additional Owner, Partner, or Officer Information: Last Name First Name Middle Alias or Maiden Names Home Address Zip City State Phone Place of Birth Date of Birth Driver's License No. Social Security No. State Other Licenses Held State PART 2B: OWNERSHIP INFORMATION Additional Owner, Partner, or Officer Information: Last Name Middle First Name Alias or Maiden Names Home Address City Zip Phone State Place of Birth Date of Birth Driver's License No. State Social Security No. Other Licenses Held State PART 2B: OWNERSHIP INFORMATION Additional Owner, Partner, or Officer Information: Last Name Middle First Name Alias or Maiden Names Home Address City State Zip Phone Place of Birth Date of Birth Driver's License No. State Social Security No. Other Licenses Held State PART 2B: OWNERSHIP INFORMATION Additional Owner, Partner, or Officer Information: Last Name First Name Middle Alias or Maiden Names Home Address Phone City State Zip

Date of Birth

State

Other Licenses Held

Place of Birth

Driver's License No.

State

Social Security No.

PART 3: CORPORATION, L.L.C. OR PARTNERSHIPS ONLY

Address

Email Address

City

Name of Responsible Managing Officer of Corpora	ation, L.L.C.	or Partnership:			
Attach copy of Certificate of Limited Partnership, A	rticles of Or	ganization (L.L.C.) o	or Articles of In	corporation.	
Is this a Corporation, L.L. C. or a Partnership?	Corporation	n	Partnership		
Name of the Corp., L.L.C., or Partnership (as shown in a	above docume	ents).			
State of Registration Registra	ation Number		Date of Registration		
If a Corporation, include the names and addresses of each Officer, Director and each Stockholder holding more than five (5) percent of the stock in the Corporation. If a Partnership or LLC, include the names, residence addresses and dates of birth of each of the partners, including limited partners or members. (If needed please attach a separate list of officers)					
1 Name & Title	Address	,			
City		State	Zip	Date of Birth	
2 Name & Title	Address				
City		State	Zip	Date of Birth	
3 Name & Title	Address				
City		State	Zip	Date of Birth	
4 Name & Title	Address		I		
City		State	Zip	Date of Birth	
5 Name & Title	Address		l		
City		State	Zip	Date of Birth	
PART 4: BUSINESSES PROVIDING SERVICES OTHER THAN PROPERTY OWNER					
Provide Names of Companies or Individuals providing services such as Property Management, Cleaning, Transportation, Babysitting, etc. other than owner or his/her employees.(If needed please attach a separate list)					
Please check if Owner/Operated Only If Owner/Operated Number of Employees:					
Business/Individual Name		Services Provided:			
Address					
City		State	Zip	Phone	
Email Address City of A	Anaheim Busine	ess Tax Cert#:	Initial Star	t Date of Services	
Business/Individual Name		Services Provided:			
Address					
City		State	Zip	Phone	
Email Address City of A	Anaheim Busine	ess Tax Cert#:	Initial Star	t Date of Services	
Business/Individual Name	•	Services Provided:			

State

City of Anaheim Business Tax Cert#:

Phone

Initial Start Date of Services

Zip

PART 5: 24-HOUR EMERGENCY CONTACT REQUIRED FOR ALL SHORT-TERM RENTAL PROPERTIES: A.M.C. Subsection 4.05.090.0104 provides emergency contact has ability to respond to issues within forty-five (45) minutes of complaint. Address Name & Title City State Zip Primary Phone: Alternate Phone: E-mail

PART 6: PROPERTY DESCRIPTION Applicant must provide a detailed description of short-term rental property. Please include the property type (Single/Multi-Family Home, Condominium) number or rooms, beds, baths, etc. Any changes to such list after issuance of the Permit must be submitted to the License Collector within fourteen (14) days. (If needed, please attach a separate list.) Single Family Home Multi-Family Home Condominium Other Is property a part of a Homeowner's Association (HOA)? Yes No If so, you are required to obtain authorization from HOA board to operate a Short Term Rental. _____ Number of Beds Number of Bedrooms Number of Bathrooms Number of Off-Street Parking Spaces Max Number of Occupants Any other detailed information: PART 7: AUTHORIZED AGENT Please complete this section if application is being submitted/managed by person other than owner. **Notarized Authorized Agent Appointment Form Required** Full Legal Name Relationship to Owner: Home Address Home Phone City State Zip Date of birth Social Security No. Driver's License No. PART 8: Required Documents for Submittal of this Application: Submit a floor plan of the property which provides the location of rooms, beds, bathrooms with maximum occupancy limit. Submit a site plan which addresses parking areas and number of off-street parking spaces.

If property is a part of a Homeowner's Association, submit authorization letter from HOA Board allowing Short Term Rental use.

	Submit a copy of Fictitious Business Name Statement filed with the Orange with official recordation stamp if using a Fictitious Business Name or D.B.A.	•
	Submit an endorsed copy of Statement of Information filed with the Secretar owned as Corporation, L.L.C. or Partnership.	y of State of California if
	Submit an endorsed copy of Articles of Organization filed with the Secretary owned as Corporation, L.L.C. or Partnership.	of State of California if
	Submit original Notarized Authorized Agent Appointment Form if property methan property owner.	nanaged by person(s) other
	Submit legible copies of government issued photo I.D. (Driver's License or Fowner/officer.	assport) for each
	Non-Refundable Application Fee of \$250.00	
	Please make check payable to: City of Anaheim	
	CERTIFICATION	
false inform permit and i employees conduct the Term Renta	tify under the penalty of perjury that the information given is true and correct. In action or withholding information, including any criminal record, is grounds for may subject me to criminal prosecution. I do hereby authorize the City of Anah to seek verification of the information contained on this application. I further use activity applied for until a permit has been granted, and that a copy of the City I Permits is available to me in the City Clerk's Office or over the Internet at www.eim Municipal Code).	denial or revocation of my leim, its agents and nderstand that I may not Ordinances regulating Short-
	Signature	Date
	Print Name and Title	