



Brian Head Town
PO Box 190068 - 56 North SR 143
Brian Head, UT 84719
435-677-2029
Brianheadtown.utah.gov
nleigh@bhtown.utah.gov – Town Clerk

Nightly Rental License Application

Nightly Rental is any place providing temporary sleeping accommodations to the public for a period less than thirty (30) consecutive days, including, without limitation, a hotel, motel, lodge, condominium unit, single-family residence, bed and breakfast, boarding house, inn, resort, rooming house, recreational lodging unit, private campground or timeshare project.

GENERAL INFORMATION:

Owner: _____

Mailing Address: _____

City _____ State: _____ Zip: _____

Phone No: (home – office) _____ Cell: _____

Email Address: _____

RENTAL PROPERTY INFORMATION:

Note: Rental Management Companies must submit a list of current rental properties including owner name/address/telephone number and affidavit of property owner consent to rent.

Physical Address: _____

Number of Bedrooms: _____ Number of parking spaces on-site: _____

(Single Family Residentials only)

Square Footage: _____ Maximum Occupancy Limit: _____
(Single Family Residentials only)

DEDICATED RESPONSIBLE PARTY: Owner Rental Management Company

Name: _____ Rental Mgmt. Co: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone No: (home office) _____ Cell: _____

Email Address: _____

BUSINESS INFORMATION:

Sales Tax ID# _____ Federal EIN or Social Security No: _____

Business Type (mark one) Corporation Limited Liability Corporation

Limited Liability Partnership Sole Proprietorship

If Corporation or LLC, State of Principal Office, Name and address of Officers: _____

Advertising listing No: (Airbnb, VRBO, Flipkey, etc.) _____

Cleaning Service Used: _____

Additional Business Services (other than nightly rental): _____

Fees:	New Nightly Rental Application:	\$160.00
	Renewal Nightly Rental:	\$80.00
	Fire Inspection Fee	\$30.00

All licenses expire September 30th. New license year begins October 1st. Renewal application must be received by October 1st in order to avoid late fees.

I certify under penalty of perjury and license revocation that I am the authorized representative of the property owner, that I have read, know and fully understand the information and provisions of this license and the accompanying ordinance section governing nightly rentals that as the legal representative for the property for which application for a business license is made and acting as the agent of the owner for said property I recognize and understand that residential buildings which may be used as nightly rentals, including all single family homes may have not been constructed in a manner to meet building code requirements for commercial buildings; I do hereby agree and represent to Brian Head Town that said residential units will not be used for any other purpose other than the intended single family use; I certify that the information provided and represented are complete and correct to the best of my knowledge and my application is in accordance with Brian Head Town ordinances. This license shall be void if information provided and representations provided by the licensee is incorrect or later changes and I fail to update such information within ten business days of the change of information. I acknowledge and understand the following:

- 1) **THIS IS NOT A LICENSE** but merely an application for a license to do business within Brian Head Town.
- 2) If my application is approved, I shall be notified and issued a licensed certificate which must be displayed at my place of business at all times.
- 3) That all business licenses expire on the 30th day of September of the year issued.
- 4) That the granting of this license to do business within Brian Head Town does not discharge or replace any other licensing or registration requirements that I may have under Town, County, State or Federal laws.

Signature of Applicant / Owner

OFFICE USE ONLY

BUILDING/ZONING/PW DEPT:

Zone: _____
Permitted Use: Yes / No
Conditional Use Permit: Yes / No
Non-Conforming Use: off Yes / No

Signature – Signed off

PUBLIC SAFETY DEPT

Fire Inspection Completed: Yes / No
Inspection Date: _____

Signature – Signed off

ADMINISTRATION DEPT

- All Fees Paid
- Application Completed
- Number of Parking Spaces Identified: _____
- Max Number of Occupancy Limit: _____
- Square Footage for occupancy calculation: _____ 1 person per/200 sq. feet.
- Owner Affidavit Signed
- All Departments Signed Off

- Application Approved Yes No
- If denied, date of letter: _____

Business License No Issued: _____

Business Licensing Officer Signature