



Short-Term/Vacation Rental Business License Application

A FEE OF \$60 FOR NEW LICENSE, \$40 FOR RENEWAL MUST ACCOMPANY THIS APPLICATION
PLEASE PRINT OR TYPE

THIS APPLICATION MUST BE ON FILE BEFORE YOU CAN ENGAGE IN BUSINESS IN THE TOWN OF MARANA

Section I. Owner Information

| | | | | | |
|--|----------|---|----------------------|---|--|
| Legal Business Name of Entity or Individual Name | | Name of Statutory Agent (If Applicable) | | Transaction Privilege TPT # (If Applicable) | |
| <input type="text"/> | | <input type="text"/> | | <input type="text"/> | |
| Address: | Street # | Direction | Street Name | Type | Suite/Apt # (P.O. Box is not acceptable) |
| <input type="text"/> | | | | | |
| City, State, Zip Code +4 | | | E-mail Address | | (Area Code) Owner Telephone # |
| <input type="text"/> | | | <input type="text"/> | | <input type="text"/> |

Section II. Proposed Rental Property Address

| | | | | | |
|----------------------|----------------------|----------------------|-------------------------------|----------------------|--|
| Address: | Street # | Direction | Street Name | Type | Suite/Apt # (P.O. Box is not acceptable) |
| <input type="text"/> | | | | | |
| City | State | Zip Code +4 | (Area Code) Owner Telephone # | Starting Rental Date | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |

Section III. Owner's Designee Information (Include All Designees)

| | | | | | |
|--------------------------------|----------------------|----------------------|----------------------------------|------|--|
| Designee Legal Individual Name | | | | | |
| <input type="text"/> | | | | | |
| Address: | Street # | Direction | Street Name | Type | Suite/Apt # (P.O. Box is not acceptable) |
| <input type="text"/> | | | | | |
| City | State | Zip Code +4 | (Area Code) Business Telephone # | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | |

| | | | | | |
|--------------------------------|----------------------|-----------|----------------------------------|------|--|
| Designee Legal Individual Name | | | | | |
| <input type="text"/> | | | | | |
| Address: | Street # | Direction | Street Name | Type | Suite/Apt # (P.O. Box is not acceptable) |
| <input type="text"/> | | | | | |
| City, State, Zip Code +4 | E-mail Address | | (Area Code) Business Telephone # | | |
| <input type="text"/> | <input type="text"/> | | <input type="text"/> | | |

Section IV. Emergency Contact

| | | | | | |
|----------------------|----------------------|----------------------|---------------------------------|------|--|
| Full Legal Name | | | | | |
| <input type="text"/> | | | | | |
| Address: | Street # | Direction | Street Name | Type | Suite/Apt # (P.O. Box is not acceptable) |
| <input type="text"/> | | | | | |
| City | State | Zip Code +4 | (Area Code) 24-Hour Telephone # | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | |



Short Term Rental Business License Application

A FEE OF \$60 FOR NEW LICENSE, \$40 FOR RENEWAL MUST ACCOMPANY THIS APPLICATION
PLEASE PRINT OR TYPE

THIS APPLICATION MUST BE ON FILE BEFORE YOU CAN ENGAGE IN BUSINESS IN THE TOWN OF MARANA

Section V. Additional Application Requirements

- Evidence of liability insurance appropriate to cover the vacation rental in aggregate of at least \$500,000, or evidence that each vacation rental transaction will be provided through a platform that provides equal or greater primary liability insurance coverage for the vacation rental **(Must be provided for every hosting platform the rental will be listed on)**
- Evidence the vacation rental is registered with county assessor's office in accordance with A.R.S § 33-1902

Section VI. Certification

- I certify that the statements made in this application are true and complete to the best of my knowledge. I accept that the license authorized and issued in response to this application with the condition that I report timely and pay any and all taxes due by me to the Town of Marana. Incomplete applications may not be processed.
- I certify that I have read and understand the ARS Revised Statute 9-495 & 9-834 located at www.maranaaz.gov/arsnotice
- I acknowledge and agree that I must comply with all applicable laws, regulations, and ordinances, including without limitation, Marana Town Code Chapter 9-14 located at www.maranaaz.gov, and including the requirements that the owner and each designee shall not be a registered sex offender, been convicted of any felony act that resulted in death or serious physical injury, or been convicted of any felony use of a deadly weapon within the past five years

| | | | |
|-----------------|--------------|----------|------|
| Printed Name(s) | Signature(s) | Title(s) | Date |
|-----------------|--------------|----------|------|

For information required by ARS 9-836, please see here: www.maranaaz.gov/business-licenses

FOR OFFICE USE ONLY

| Department./Area Review | | | | Initials | Comments |
|-------------------------|------------------------------|--|--|----------|----------|
| Building | C.O. Permit Required? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A | | |
| Planning | Sign Permit Required? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A | | |
| Risk Management | Proof of Liability Insurance | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A | | |
| Finance | | | <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A | | |