



# CITY OF CHARLEVOIX

210 State Street Charlevoix, MI 49720  
www.CityofCharlevoix.org

Date of Application:	_____
Date First Issued:	_____
Renewal:	Yes _____ No _____

Office of Planning and Zoning (231) 547-3265  
Planner@Charlevoixmi.gov

## Short Term Rental Registration Application

### Property Owner

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

### Local Agent Name

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

### Property Information

Street Address: \_\_\_\_\_

Development name (if applicable): \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Number of dwelling units: \_\_\_\_\_ Number of bedrooms in each unit: \_\_\_\_\_

Number of weeks the short term rental unit is available per calendar year: \_\_\_\_\_

This dwelling unit has been used as a short term rental unit since (year): \_\_\_\_\_

Number of weeks rented the year previous to this application: \_\_\_\_\_

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**Affidavit**

I agree the statements made in the above application are true, and if found not to be true, any registration or permit issued may be void.

I also agree to comply with the conditions and regulations provided with any registration or permit that may be issued.

Further, I agree that any permit that may be issued is issued with the understanding that the individual(s) or organization(s) named or represented on that permit will comply with all applicable sections of the Charlevoix City Code.

Accordingly, I agree that at least one copy of the City's Good Visitor Guidelines will be provided to renters each time the dwelling unit is rented, and that one copy with the address of the property will be clearly posted in the dwelling unit.

I also agree that a local agent will be available to oversee the short-term rental in accordance with City Code and to respond to calls from renters, concerned citizens, and representatives of the City. The local agent will be available to accept telephone calls on a 24-hour basis at all times that the short-term rental is rented and occupied, and will have a key to the rental unit and be able to respond to the rental within 60 minutes to address issues, or will have arranged for another person to address issues in the same timeframe.

I also agree that the address of the property and the contact information for the local agent must be posted in a prominent first-floor door or window of each unit used as short-term rental.

I understand that this permit expires at the end of the calendar year and must be renewed each year.

Finally, I understand that this is an application for a short-term rental registration only (not a zoning permit) and does not include any representation or conveyance of rights in any other statute, building code, deed restriction, or other property rights.

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**Owner Signature**

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**Date**