



## Short-Term Rental License Application

Town Clerk's Department  
970.626.5308 x220

The following fees are due when filing this application with the Clerk's Department. Full fees are due regardless of when the application is filed.

**Licenses expire every other year on December 31.**

- New License \$400
- Renewal License \$400 License # \_\_\_\_\_
- New License for owner occupied, only renting 1 bedroom \$300
- Renewal License for owner occupied, only renting 1 bedroom \$300 License # \_\_\_\_\_

### Applicant, Property Owner

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

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Owner's Agent (if applicable)

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

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Short-Term Rental Information

Physical address of proposed short-term rental: \_\_\_\_\_

Unit # \_\_\_\_\_ Zoning district: \_\_\_\_\_ Subdivision, lot: \_\_\_\_\_



What structure type will the short-term rental be in?

- [ ] single-family house [ ] duplex [ ] multi-family building
[ ] accessory dwelling unit [ ] mixed-use building

Will the full residential unit be rented? Yes [ ] No [ ]

If no, what portion of the residential unit will be rented: \_\_\_\_\_

Is the short-term rental in the HB or GC zoning district? Yes [ ] No [ ]
If yes, does the building containing the proposed short-term rental have 5 or fewer short-term rentals? Yes [ ] No [ ]
Is the short-term rental within a duplex? Yes [ ] No [ ]
If yes, ...
Are both units owned by a single owner? Yes [ ] No [ ]
Is one unit occupied by the owner? Yes [ ] No [ ]
Is the short-term rental in an accessory dwelling unit? Yes [ ] No [ ]
If yes, ...
Have you paid applicable tap fees as required by the Municipal Code? Yes [ ] No [ ]
Please note that tap fees will NOT be refunded with any subsequent change in use. Also, you will be charged 100% of monthly utility bills (water, sewer, trash, recycling) for the short-term rental.
Is the property a minimum of 8,000 square feet? Yes [ ] No [ ]
Does the dwelling unit have less than 6 bedrooms or accommodate fewer than 11 people over the age of 18? Yes [ ] No [ ]
Does the property have 2 off-street parking spaces plus additional spaces necessary to accommodate the tenant's vehicle off street? Yes [ ] No [ ]
Will the property provide adequate trash and recycle containers and information on placement for collection in the short-term rental unit? Yes [ ] No [ ]
If applicable, will the Owner's Agent be available within 20 minutes to manage the property during any periods the unit is rented? Yes [ ] No [ ] N/A [ ]
Did you notify your HOA that you intend to use your property as a short-term rental? Yes [ ] No [ ] N/A [ ]
Do you have the following on the premise?
[ ] working fire extinguisher [ ] working carbon monoxide detector [ ] working smoke alarms
[ ] property address and emergency contact info posted on-site
[ ] information folder with owner's info, agent if applicable, trash and recycling info



**AFFIRMATION BY PROPERTY OWNER**

I understand that I am required to remit all applicable sales and lodging taxes monthly to the Town of Ridgway. If none were collected in any given month, I am required to file monthly remittance forms to the Town showing no sales and lodging taxes were collected.

\_\_\_\_\_ owner initials

I understand that all advertisement associated with this short-term rental will prominently display any license number issued with the approved permit application.

\_\_\_\_\_ owner initials

I understand the Town of Ridgway will inspect my property for health, safety and welfare requirements with the approval of this license and any subsequent renewals.

\_\_\_\_\_ owner initials

I understand that I am required to comply with Sections 7-3-13(I) and 8-5 of the Ridgway Municipal Code as well as all other regulations set forth in the Ridgway Municipal Code.

\_\_\_\_\_ owner initials

I understand that any violations are subject to enforcement action including revocation of this short-term rental license, sales tax license and other applicable provisions for enforcement.

\_\_\_\_\_ owner initials

I understand that I am required to notify the Town of Ridgway if I choose to no longer operate my short-term rental and choose to release my license.

\_\_\_\_\_ owner initials

I understand the Town of Ridgway, Colorado accepts no legal liability in connection with the approval and subsequent operation of the applied for short-term rental. I hereby release the Town of Ridgway, Colorado, its employees, representatives, agents and elected or appointed officials from any and all liability in connection with the proposed approval and subsequent operation of the applied for short-term rental.

\_\_\_\_\_ owner initials

**APPLICATION HAS BEEN EXAMINED BY ME; THAT ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION AND ALL ATTACHMENTS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AWARE OF, AND FULLY UNDERSTAND THE TOWN OF RIDGWAY REGULATIONS REGARDING SHORT-TERM RENTALS.**

Property Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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



Please note: Applicant has 14-days after being notified by the Town of missing or incomplete application information or documents, to submit the requested information. Failure to provide this information within required timeframe will cause the application to be denied.

**Additional Documents to be Submitted with Application**

\_\_\_\_ Copy of sales tax license. If you do not yet have a sale tax license in the Town of Ridgway, you can apply for one online: <https://ridgway.munirevs.com/>

\_\_\_\_ Copy of recorded deed to premises, executed lease for the premise, or other proof of property ownership.

**RIDGWAY TOWN HALL USE ONLY**

Date & Time Application Received: \_\_\_\_\_ By: \_\_\_\_\_

Payment Date: \_\_\_\_\_ Amount Received: \_\_\_\_\_ By: \_\_\_\_\_

Tap Fees Due: \_\_\_\_\_ Amount Received: \_\_\_\_\_ By: \_\_\_\_\_

STR Premises Inspected by \_\_\_\_\_ on \_\_\_\_\_, \_\_\_\_\_

Inspection Approved  Inspection Denied

STR License Approved, Date: \_\_\_\_\_

STR License Denied, Date: \_\_\_\_\_

STR License No: \_\_\_\_\_ Town Sales Tax No: \_\_\_\_\_

Notes: