

TOWN OF MILAN
DUTCHESS COUNTY, NEW YORK
SHORT-TERM RENTAL APPLICATION (HOSTED AND UNHOSTED)

Street Address of Rental Unit _____ Parcel Number _____

Number of bedrooms _____ Maximum number of: overnight occupants _____ daytime occupants _____

Contact Information for Owner (24 hour availability):

Owner _____ Phone Number _____

Mailing Address _____ Email _____

Contact Information for authorized local agent for the owner (24 hour availability):

Owner _____ Phone Number _____

Mailing Address _____ Email _____

Attached to this application are the following documents:

- Copies of a current Dutchess County Hotel Occupancy Tax Certificate
- Proof of primary residency (a residence is deemed a primary residence when the owner shall have resided on the property for at least 270 days during the previous twelve (12) month period) demonstrated by any of the following: voter registration, valid New York State driver's license or valid New York State non-driver ID, showing residency at the primary address.
- A site plan (can be hand drawn to scale) showing the structures on the property, parking, and signage.

I (We) acknowledge that the owner and local agent (if applicable) have read Section 200-20, Short Term Rentals, in the Town of Milan Zoning Code and will post a copy of the rental registration certificate and a copy of Section 200-20 in a conspicuous place within the rental unit and the owner acknowledges that all designated bedrooms meet the requirements of the Town Code and Uniform Code. Further, I (we) affirm that the information provided above is true and accurate to the best of my (our) knowledge.

Owner(s) Signature: _____ Date: _____

Local Agent's Signature: _____ Date: _____

For Town Use Only

Approved _____ Denied _____ Expires _____

Building Inspector _____ Date _____

Registration Number _____ Fee \$ _____ Paid on _____