SHORT TERM RENTAL ANNUAL RENEWAL NOTICE Borough of Bellefonte

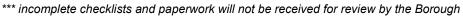


Expire Date: December 31 of calendar year Due Date: January 31 of next calendar year Notice Mailed: Total Due: \$130.00 (Please make checks payable to: Bellefonte Borough) Our records show that your short-term rental property renewal requirements for Chapter 575, section 64.1 are approaching. The Zoning Officer has enclosed a checklist of the required submission documents for your convenience. Required submission documents that must be included with the annual renewal process per Chapter 575-61.1(F). Failure to provide accurate records or providing fraudulent records will constitute a violation of the renewal period. Please complete the information below and return with all documents on checklist (over) **Rental Property Address:** Applicant tax identification number: **Property Owner/Manager: Phone Number:** Email: Mailing address: No longer renting? Return renewal statement with written notification that includes stop date and owner's signature.

For Office use only:	Date received:	Paid:	Complete:

ANNUAL RENEWAL CHECKLIST FOR SHORT-TERM RENTAL HOUSING

Borough of Bellefonte





☐ I intend to rent out my space as a short-to ☐ I intend to rent out my space as a both a rental	erm rental only. short-term (under 30 nights) and a long-term	n rental (30 nights+)
☐ If applicable, proof of any viola☐ Proof of Hotel Taxes paid the ☐☐ Proof of Centre Region Code I	of changes for contact information on the rations/penalties being paid and/or remediprevious year Rental Housing Permit (attach copy) om previous year as a short-term rental pro-	ied.
rental application. □ Proof of insurance specifically for □ Phone number and name of Per □ Proof of residence: Either a listing of homestead exception.	• • •	ıl residents or a copy
OWNER AUTHORIZATION:		
Signature	Print Name	Date:
Note: If owner and person in charge/ designate If the answer is [no] , the designated agent/ pe	ed agent are the same please check here: □ YE erson in charge must sign below:	S
PERSON-IN-CHARGE/ DESIGNATED AGEN	NT:	
Signature	Print Name	Date: