



**City of Whitefish**  
 PO Box 158  
 418 E 2<sup>nd</sup> Street  
 Whitefish, MT 59937  
 Phone: 406-863-2400

# SHORT-TERM RENTAL PERMIT AND BUSINESS LICENSE APPLICATION

**FEE ATTACHED:** \_\_\_\_\_ [\$100 application fee + \$100 business license fee + \$50 per unit] **Business License #** \_\_\_\_\_

I (We), the undersigned, hereby make application to offer a residential short-term rental (30 days or less) in the Whitefish City limits consistent with Section 11-3-35, Short Term Rental Standards:

|  |                  |
|--|------------------|
| Property Owner/Business Name:                        | Owner Phone:     |
| Rental Physical Address:                             | Zoning District: |
| Owner Mailing Address:                               |                  |
| City, State, Zip:                                    |                  |
| Owner Email Address:                                 |                  |
| Property Mgmt Co./Local Contact (if applicable):     | Phone:           |
| Property Mgmt Mailing Address (if applicable):       |                  |
| Property Mgmt Email Address (if applicable):         |                  |
| Estimated months of rental (i.e. Yearly or Jan-May): |                  |
| Who is reporting the Resort Tax?                     |                  |

The following items are required to be submitted with the Short-Term Rental and Business License Application:

- A "to scale" site plan showing lot, residence and accessory buildings, adjacent streets, and the location of required 9' x 20' off-street parking spaces.
- Proof of application for a State of Montana Public Accommodation License for a Tourist Home administered by the Flathead City-County Health Department and subject to annual inspections. For more information: 406-751-8130 or <https://flatheadhealth.org/environmental-health/public-accommodations/> click on 'Plan Review Application'. A copy of the final sign-off shall be submitted to the Planning Office.
- Name and phone number of local contact person if owner is not a full-time resident of the Flathead Valley.  
 Local Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- Number of Short-Term Rental Units \_\_\_\_\_

I (We) understand the following criteria apply to my (our) business (initial next to each standard that is met):

- \_\_\_\_\_ The dwelling in question must conform to the land use provisions of Title 11, Zoning, and other applicable regulations.
- \_\_\_\_\_ Units rented shall not exceed the allowable dwelling unit density of the underlying zoning district. A unit is defined as an entire privately owned house, townhouse, condo, apartment or other residence, or any space within a dwelling unit rented independently, for stays of less than 30 days.
- \_\_\_\_\_ Each unit shall meet the standards for off-street parking found in Section 11-6 of the zoning regulations. Except for the WB-3 zone, that standard is two parking spaces per unit.
- \_\_\_\_\_ The owner's (or local contact, if absentee) contact name and phone number shall be posted on an emergency contact notice visible outside the front door of each unit.
- \_\_\_\_\_ The owner shall keep the property and buildings maintained and continue to provide trash collection services.

\_\_\_\_\_ Exterior signage advertising the short-term rental of properties is not permitted.

\_\_\_\_\_ The property owner shall understand that a violation of any of these conditions as well as repeated complaints of *disturbing the peace* related to this property may result in suspension and possible revocation of the business license and short-term rental permit, as well as possible enforcement action.

\_\_\_\_\_ The Whitefish Fire Marshal will contact the owner (or local contact) to set up an inspection to determine if the dwelling meets current safety standards.

\_\_\_\_\_ I have received a copy of the Whitefish Fire Department Rental Checklist with the Short-Term Rental Application.

\_\_\_\_\_ I understand I will be charged a re-inspection fee of \$50.00 if the Whitefish Fire Marshal is required to inspect the property a second time due to a failed inspection.

\_\_\_\_\_ I understand the dwelling will be inspected annually (every 12 months) by the Whitefish Fire Marshal, who will contact the owner (or local contact) to set up the inspection to be scheduled upon renewal of the business license.

\_\_\_\_\_ I understand I am required to report and remit Resort Tax monthly pursuant to Title 3 Chapter 3 of the Whitefish City Code.

\_\_\_\_\_ If applicable, I understand that due to the change of use, my property will be assessed for payment under Special Improvement District 167 for the City of Whitefish Parking Structure.

I (We) agree to operate the short-term rental in full compliance with Whitefish zoning regulations and Section 11-3-35, Short Term Rentals. I further certify the information given is correct to the best of my knowledge.

\_\_\_\_\_ Property Owner Signature(s)

\_\_\_\_\_ Date

----- For City Staff Use Only -----

Filing Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_

**SECTION 11-3-35 MET?**  YES  NO

Parking/Site Plan approved Yes \_\_\_\_\_ No \_\_\_\_\_ If no, reason: \_\_\_\_\_

Located in SID 167: Yes \_\_\_\_\_ No \_\_\_\_\_

Fire Marshal Inspection Pass \_\_\_\_\_ Fail \_\_\_\_\_ If fail, reason: \_\_\_\_\_

Fire Marshal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Building Department Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Planning Department Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Short Term Rental Permit Disposition:**

Approved \_\_\_\_\_ Denied \_\_\_\_\_ If denied, reason: \_\_\_\_\_

Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

**Business License Disposition:**

Approved \_\_\_\_\_ Denied \_\_\_\_\_ License No: \_\_\_\_\_ If denied, reason: \_\_\_\_\_

Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_