

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

SHORT-TERM RENTAL PERMIT AND BUSINESS LICENSE APPLICATION

Email:customerserviceclerk@cityofwhitefish.org

FEE AT	TACHED: [\$100 application fee + \$100 business	license fee + \$50 per unit] Business License #
	the undersigned, hereby make application to offer a sh City limits consistent with Section 11-3-35, Short	
Prope	rty Owner/Business Name:	Owner Phone:
Renta	l Physical Address:	Zoning District:
Owne	r Mailing Address:	
City, S	State, Zip:	
Owne	r Email Address:	
Prope	rty Mgmt Co./Local Contact (if applicable):	Phone:
Prope	rty Mgmt Mailing Address (if applicable):	
Prope	rty Mgmt Email Address (if applicable):	
Estima	ated months of rental (i.e. Yearly or Jan-May):	
Who is	s reporting the Resort Tax?	
	required 9' x 20' off-street parking spaces. Proof of application for a State of Montana Public A the Flathead City-County Health Department and state of Montana Public A the Flathead City-County Health Department and state of Montana Public A the Flathead City-County Health Department and state of Montana Public A the Flathead City-County Health Department and State Office of State of Montana Public A the Flathead City-County Health Department and State Office of Montana Public A the Flathead City-County Health Department and State Office of Montana Public A the Flathead City-County Health Department and State Office of Montana Public A the Flathead City-County Health Department and State Office of Montana Public A the Flathead City-County Health Department and State Office of Montana Public A the Flathead City-County Health Department and State Office of Montana Public A the Flathead City-County Health Department and State Office of Montana Public A the Flathead City-County Health Department and State Office of Montana Public A the Flathead City-County Health Department and State Office of Montana Public A the Flathead City-County Health Department and State Office of Montana Public A the Flathead City-County Health Department and State Office of Montana Public A the Flathead City Office of Montana Pub	accessory buildings, adjacent streets, and the location of accommodation License for a Tourist Home administered by subject to annual inspections. For more information: 406-ental-health/public-accommodations/click on 'Plan all be submitted to the Planning Office. owner is not a full-time resident of the Flathead Valley.
	Local Contact Name:	Phone Number:
	Number of Short-Term Rental Units	
I (We) ເ	understand the following criteria apply to my (our) bu	siness (initial next to each standard that is met):
	 regulations. Units rented shall not exceed the allowable dwe defined as an entire privately owned house, town within a dwelling unit rented independently, for st 	•
	Each unit shall meet the standards for off-street Except for the WB-3 zone, that standard is two pages.	t parking found in Section 11-6 of the zoning regulations. arking spaces per unit.
	The owner's (or local contact, if absentee) contact contact notice visible outside the front door of each	name and phone number shall be posted on an emergency ch unit.
	The owner shall keep the property and buildings n	naintained 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 <i>disturbing the peace</i> 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.		
Short Terr	ee to operate the short-term rental in full compliance with Whitefish zoning regulations and Section 11-3-35, n Rentals. I further certify the information given is correct to the best of my knowledge. December 20 December		
	For Otto Oteff Head Only		
	For City Staff Use Only		
Filing Date	: Amount Paid: Receipt #:		
SECTION 1	1-3-35 MET? ☐ YES ☐ NO		
Parking/Sit	re Plan approved Yes No If no, reason:		
Located in	SID 167: Yes No		
Fire Marsh	al Inspection Pass Fail If fail, reason:		
Fire Marsh	al Signature: Date:		
Building D	epartment Signature: Date:		
Planning D	epartment Signature: Date:		
Short Term	Rental Permit Disposition:		
Approved .	Denied If denied, reason:		
Reviewer:	Date:		
Business L	icense Disposition:		
Approved .	Denied License No: If denied, reason:		