



Short Term Rental Registration Request to Operate

City of Dayton

Building Department

Location or Site Address: _____

Tax Map Number: _____ Tax Lot Number: _____

Lot Size: _____ Zoning: _____

Number of Bedrooms: _____ Maximum Occupancy: _____ Owner Occupied: Yes No

Applicant Business Name: _____

Address: _____ City: _____ ST: _____ Zip: _____

Applicant Phone Number: _____ Email: _____

Business Registration Number: _____

Transient Lodging Tax ID Number: _____

Property Owner Name (if different): _____

Address: _____ City: _____ ST: _____ Zip: _____

Property Owner Phone Number: _____ Email: _____

Describe Request (be specific): _____

Property Owner Signature: _____ Date: _____

I/We acknowledge that I/We have read and agree to all the regulations relating to the operation of a short-term rental under Dayton Municipal Code Sections 7.2.417 and 7.1.200.03 and I/We further agree to comply with the transient lodging tax provisions of Section 3.8 of the Dayton Municipal Code.

A floor plan must be submitted with your **completed** application

For Office Use:

Approved: Denied: Date: _____

Approved/Denied By: _____ City Manager City Staff

Owner Occupied Required: Yes No Date Completed: _____

Comments/Conditions: _____
