

SHORT TERM RENTAL UNIT REGISTRATION

Please use this application to register or annually renew <u>each</u> rental unit.

- A SEPARATE FORM IS REQUIRED FOR EACH PROPERTY WITH ITS OWN MAP AND LOT.
- A rental unit is any portion of a residential structure that is available to rent for any length of time to an individual.
- Stonington ordinances require an owner, manager, and any other person/entity responsible for the property to register all rental units. Registration is due annually by January 1.
- A registration application is not complete until payment and all accompanying paperwork are ATTACHED and received. PLEASE COMPLETE ALL FIELDS.

Year Round Rentals (LRR)	First Unit	\$ 5.00
Annual Registration Fees	Second Unit	\$ 5.00
	Third Unit	\$ 5.00
Short Term Rentals (STR) A short-term rental is less than 30 days.		
Annual Registration Fees:		

Owner Occupied or Stonington	First Unit	\$ 50.00
resident-owned Units STR	Second Unit	\$ 100.00
	Third Unit	\$ 150.00

Non-Owner Occupied STR Units	First Unit	\$ 250.00
	Second Unit	\$ 500.00
	Third Unit	\$ 1,000.00
	Any Additional	\$ 2,000.00

For more information go to

https://www.stoningtonmaine.org/documents-resources/ordinances.php



NEW SHORT TERM RENTAL REGISTRATION

RENEWAL/PERMIT

SECTION 1: PROP	PERTY INFORMATION	ON			
Street Number	Street Name	Map & Lot Number			
Type of Property* (Private Home, Seaso Dwelling Unit Total Number of Un	onal, Accessory				
Total # of Parking S *If located in a condor allowed. Yes □ No □	ninium or homeowners a	ssociation, you attest that the use of the unit as a sho	ort term rental is		
SECTION 2: OWNI	ER INFORMATION (COMPLETE AT LEAST ONE LISTED BELOW)			
A. Individual O	wnership:				
Owner First Name	Owner Last	Name Primary Telephone Numbers			
Mailing Address		Email Address	Email Address		
B. Corporate Ow **A completed Supple	•	eet must be ATTACHED and submitted with the a	pplication.		
Ownership form (plea	se select from): Partn	ership Corporation LLC Other (please of	explain)		
Corporate Name		Primary Telephone Numbers			
Mailing Address		Email Address			



SECTION 3: AUTHORIZED AGENT (if different from owner) If property owner is a partnership, corporation, LLC or any other form of business entity, the authorized agent must be an individual who resides in the State of Maine.						
Registered Agent First Name	Registered Agent Last Name Telephone Number					
Mailing Address Email Address						
SECTION 4: EMERGENCY CONTACT/PROPERTY MANAGER (if different from owner)						
EMERGENCY CONTACT/ Property Manager Name Teleph			one Number			
Mailing Address Em			Email Address			

SECTION 6: RENTAL UNIT(S) REGISTRATION FOR THIS MAP AND LOT # ONLY

Please describe EACH rental unit(s) by indicating the following:

- If renting a room(s), please describe as Guest bedroom A, Master bedroom, Basement bedroom, etc.
- Report the number of nights rented the PREVIOUS YEAR between 1/1 through 12/31 for both SHORT TERMS and YEAR ROUND RENTALS in separate columns as indicated.
- Note: Owner Occupied is defined as a unit on property on which the owner is present during the rental or any unit owned and rented by a Stonington resident.
- Note: Maine State Plumbing Code limits property occupancy based on # of BR. # of Baths is required to track natural resource and/or Stonington Water Company usage.

Unit Description	Short Term Rental: # of Nights	Year Round Rental: # of Nights	# of BR	# of Baths	Owner Occupied	Non Owner Occupied



Did you complete?

Have you submitted a separate application for each property map and lot #? A single property map and lot # may have multiple rental units as described in Section 6

Are ALL FIELDS in the STR Registration Application complete?

Have you completed full contact info for Emergency Contact/Property

Manager?

Have you fully completed Section 6, Rental Units Description, for each rental unit on the property?

Is the ownership of this unit Individual or Corporate? Corporate Ownership Requires Attached Disclosure Form

Do you occupy the property when it is being rented, or are you a Stonington resident?

If you are a resident, please provide the attached, notarized Primary Residence Affadavit which will require evidence that this is your primary residence (voter or vehicle registration)

Have you provided evidence of property insurance? Have you signed this Certification of Application?

Payment Information:

Pay the registration fee:

• in person by cash, check, or credit card;

• mail a check - Make checks payable to "Town of Stonington", note the address on the check and include with application.

Please return completed

Town Office

application, documents and fees to:

32 Main Street, P.O. Box 9 Stonington ME 04681

To the best of my knowledge, I certify that the information being registered is true and correct.

Signature		Telephone Number
Relationship to Property	Date	Email Address



CORPORATE DISCLOSURE

The answers to questions 1-4 must match the information on file with the Maine Secretary of State's office. Your certification must be in good standing. If you have questions regarding this information, please call the Secretary of State's office at (207) 624-7752. Please clearly complete this form in its entirety. Thank you.

1. Exa	act legal name:						
2. Do	ing Business As, if any:						
3. Da ¹	te of filing with Secretary of	State: State	State in which you are formed:				
4. If n	ot a Maine business entity,	date on which you were authorize	d to transact by	usiness in the State of			
Maine: _							
		titles of the officers and directors	and list the per	centage of ownership			
(attach add	litional sheets as needed):	1					
	NAME	CURRENT ADDRESS	TITLE	OWNERSHIP %			
	(Stock ownership in	l non-publicly traded companies r	nust add up to	100%.)			
Signature			»:				
	Signature of Owner or	Signature of Owner or Corporate Officer					
	Print Name of Owner o	r Corporate Officer					



PRIMARY RESIDENCE AFFIDAVIT

Ι, _			, represent under oath	that the following states	ments are true and
cor	rect to my person	al knowledge:			
1.	I reside at				, Stonington
	Maine, Map and	i Lot #	(the "Resi	dence").	
2.			gal residence for governme oting, vehicle taxes and reg		
3.	I reside at the R	esidence for more	e than one-half of the calen	dar year.	
4.	The Residence	will remain my le	gal residence for more than	one-half of the calenda	ar year.
5.	I have provided	one of the follow	ring documents:		
	a. Valid Drive	r's License or Sta	te issued Identification		
	b. Valid motor	vehicle registration	on		
	c. Proof of hor	nestead exemption	n:		
	d. Other (pleas	e list):			
æ:					
				Signature	
corre	ersonally appeared ct to his/her perso		pove-named affiant and ma	de oath that the foregoir	ng affidavit is true
e: _	-4 D-1.1: - / A 44		_		
ING	otary Public/Attor	mey at Law			
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			Staff Use Only:		
-	Verification			Staff Initials:	
ocume	nt:				