

# Town of Estill

## SHORT-TERM RENTAL UNIT PERMIT OPERATOR APPLICATION

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DATE \_\_\_\_\_

**1. Location of proposed Short-Term Rental Unit ("STRU"):**

Address \_\_\_\_\_ Zip \_\_\_\_\_

**2. What is the Operator's relationship to the STRU? Check all that apply.**

Owner  Resident  Lessee  Other—Please Describe \_\_\_\_\_

**3. What type of dwelling is the STRU?**

Single Family Home  Duplex or Townhouse  Garage Apartment  Condominium  
 Apartment in Apartment Building  Carriage House  Other—Please Describe \_\_\_\_\_

**4. What portion of the property is rented?**

Entire Property  Portion of the Property—Please Describe \_\_\_\_\_

**5. Name of Operator:**

\_\_\_\_\_  
Address of Operator: \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_

*NOTE: If the Operator is a business entity, provide below the name, address, email address, and phone number of the entity's contact person.*

Name \_\_\_\_\_ Address \_\_\_\_\_

Zip \_\_\_\_\_ Email address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

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6. If the Operator is not the Owner of the property, provide below the name, address, email address, and phone number of the Owner of the property.

Name of Owner \_\_\_\_\_ Address \_\_\_\_\_  
Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_

7. If the Operator is not the local contact person for the STRU, provide below the name, address, email address, and all telephone numbers of the local contact person.

Name \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_  
Email address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Alternate Phone (\_\_\_\_) \_\_\_\_\_  
Alternate Phone (\_\_\_\_) \_\_\_\_\_

8. Name(s) of hosting platform(s) and internet website(s) where STRU will be advertised:

\_\_\_\_\_  
\_\_\_\_\_

9. Attach a copy of your business license if required.

A City and County Business License is required if annual taxable gross sales are \$100,000 or more per year. For annual gross sales between \$3,000 - \$100,000, a minimal activity business license should be obtained and renewed annually directly through the local official. Annual gross sales under \$3,000 are not required to have a business license.

# Town of Estill Springs

~ The City Between The Lakes ~

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By signing below:

I ACKNOWLEDGE THAT I HAVE READ AND WILL FOLLOW AND COMPLY WITH ALL REGULATIONS SET FORTH IN ORDINANCE 23-473 PERTAINING TO THE OPERATION OF A SHORT-TERM RENTAL UNIT, THAT I WILL COMPLY WITH AND PAY AS REQUIRED BY LAW ANY HOTEL/MOTEL TAX REQUIREMENTS AS LEVIED OR ASSESSED BY THE TOWN, FRANKLIN COUNTY, AND/OR STATE OF TENNESSEE. I ACKNOWLEDGE I NEED AND HAVE OBTAINED A TOWN OF ESTILL SPRINGS BUSINESS LICENSE.

I ACKNOWLEDGE THAT OPERATING THE SHORT-TERM RENTAL UNIT WILL NOT VIOLATE ANY HOMEOWNERS ASSOCIATION AGREEMENT OR BYLAWS, CONDOMINIUM AGREEMENT, COVENANTS, AND/OR RESTRICTIONS, MORTGAGE AGREEMENTS, INSURANCE CONTRACT, OR ANY OTHER CONTRACT OR AGREEMENT GOVERNING AND LIMITING THE USE OF THE PROPOSED SHORT-TERM RENTAL UNIT.

I SHALL DEFEND, INDEMNIFY, AND HOLD HARMLESS THE TOWN OF ESTILL SPRINGS AND ITS OFFICERS, REPRESENTATIVES, AND EMPLOYEES FOR ANY AND ALL MATTERS RELATED TO THIS AND THE OPERATION OF THE SHORT-TERM RENTAL UNIT. THE INDEMNIFICATION AND HOLD HARMLESS PROVISIONS STATED HERE SHALL SURVIVE REVOCATION OR EXPIRATION OF THE PERMIT.

I ACKNOWLEDGE THAT THIS AFFIDAVIT IS A "GOVERNMENTAL RECORD" AND IF I MAKE A FALSE ENTRY OR REPRESENTATION IN THIS AFFIDAVIT, THEN I COMMIT A VIOLATION OF TENNESSEE CODE ANNOTATED SECTION 39-16-504. I HAVE CAREFULLY CONSIDERED THE CONTENTS OF THIS AFFIDAVIT BEFORE SIGNING. I AFFIRM THAT THE CONTENTS ARE TRUE, TO THE BEST OF MY KNOWLEDGE.

OPERATOR/APPLICANT

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

OWNER (IF NOT OPERATOR/APPLICANT)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date