

# SHORT-TERM RENTAL (STR) APPLICATION FORM

APPLICATION DATE -

9/6/25

THIS IS APPLICATION IS (Choose One) -

NEW  RENEWAL  NEW CONSTRUCTION

1. LOCATION OF SHORT-TERM RENTAL -

Street address: 1409 Wilkes Boulevard, Apt. 103

Zip code: 65201

Boone County Assessor's Tax Parcel Identification Number: 17-113-00-34-004.00 01

Zoning district in which dwelling unit is located: (use [City View](#) to find your zoning): (Choose One) R-MF (Multi-family Dwelling)

What is the present use of the dwelling seeking STR authorization? (Choose one)

Single-family  Single-family, attached  Two-family  Multi-family  Rooming House

Has this property previously been authorized for a STR? YES  NO  If NO, proceed to question # 2

If YES, was the STR Certificate of Compliance revoked? YES  NO

2. TIER OF SHORT-TERM RENTAL -

Is the dwelling unit the Registrant's principal residence? YES  NO  If yes, demonstrating documentation is required.

**"Demonstrating documentation"** is defined as one of the following documents: a valid motor vehicle or voter registration; federal or state tax returns or other financial documentation; a utility bill; a valid driver's license; or other legal documentation deemed sufficient by the Director of the Community Development Department.

Tier Designation (select one):

- Tier 1 (30 nights annually)  
 Tier 2 (120 nights annually), No CUP required must be principal residence  
 Tier 2 (210 nights annually), CUP required in A, R-1, R-2, R-MF zoning  
 Tier 3 (Up to 365 nights annually)

How will the dwelling be offered as a short-term rental (check those that apply)

Entire Home  Partial Home  Room

Maximum "transient" guest occupancy desired? (Choose One) 8

Does the dwelling current possess a current "Rental Certificate of Compliance"? YES  NO  If NO, proceed to question # 3

If YES, provide Certificate of Rental Compliance number: ONS 015506

3. REGISTRANT (APPLICANT) FOR SHORT-TERM RENTAL -

Full name\*: Rock Bridge Rentals, LLC

Address: 340 E. Chris Drive

City, State, Zip code: Columbia, MO 65203

Date of birth (xx/xxxx):

Last 4-digits of social security number or Federal Tax Identification Number: [REDACTED]

Telephone number: [REDACTED]

Email address: [REDACTED]

Will registrant be using the services of an agent to process this application? YES  NO  If NO, proceed to question # 4.

If YES, complete a **Property Owner Authorization Form (POAF)**. The POAF is available within the **STR Documents Library**.

\* **NOTE:** The registrant must be the owner or a long-term resident. If the registrant is not owner of dwelling unit, identification of each owner of the unit by full legal name, mailing address, date of birth (month/year), last 4-digits of SSN or Federal Tax Identification Number shall be provided on the form entitled **Ownership Interests** available within the **STR Documents Library**. If the dwelling unit is owned a corporation, limited liability company, partnership, limited partnership, trust or real estate investment trust, the name and telephone number of each member of the limited liability company or officers or owners of the corporation or business shall be provided on the form entitled **Ownership Interests** available within the **STR Documents Library**.



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## 9. MECHANICAL EQUIPMENT CERTIFICATION/INSPECTION

Is the dwelling to be used classified as a Tier 1 STR (see question #2)?  YES  NO

If Yes, please proceed to application signature and acknowledgement of accuracy

If No, a Heating and Ventilation Systems Certificate of Inspection and Approval shall be required prior to the issuance of a STR Certificate of Rental Compliance. This form IS NOT required to be submitted with your initial application. Submission of this form will be requested as part of the Housing and Neighborhood Services review of your STR application. The Heating and Ventilation Systems Certificate of Inspection and Approval Form can be found within the STR Documents Library.

## 10. SUPPLEMENTAL APPLICATION QUESTIONS -

(a) Has the subject dwelling prior to this application been used as an STR?  YES  NO

(b) If "Yes" question (a), for how many days in the prior calendar year was the dwelling offered as an STR? 20

(c) In relationship to the subject dwelling, how far is the "designated agent" the dwelling in:

Miles 7.8 and Travel Time 18

## Signature and Acknowledgement of Accuracy (ALL APPLICATIONS MUST BE SIGNED)

(A digital/electronic signature is permitted. If such signature cannot be affixed, PRINT THIS PAGE, manually sign were required, and ATTACH PAGE as an UNLOCKED PDF to your STR Application submission).

The undersigned hereby certifies that the information contained on the above application is true and correct to his/her best knowledge and belief, and the undersigned is either the owner of the property or has the authority to sign such application as the operator/agent on behalf of the owner.

Brookbridge Rentals, LLC  
Owner

If Corporation:

Matt Hoke  
President

Secretary

The owner/operator/agent may sign the following consent form to allow the city inspector to have access to the premises in the absence of the owner/operator/agent:

CONSENT TO INSPECTION I hereby consent and authorize the Director of Community Development, or designee, to enter upon and inspect the premises for which application is being made for the purpose of inspecting said premises to determine whether or not such premises is in compliance with Chapters 6, 9 (article II), 20, 23, 24, 25 and 29 of the City Code of the City of Columbia, Missouri for issuance of a certificate of compliance the Rental Unit Conservation Law.

Matt Hoke  
Owner/Operator/Agent