SHORT-TERM RENTAL (STR) APPLICATION FORM

APPLICATION DATE -		THIS IS AP	THIS IS APPLICATION IS (Choose One) -		
	8/13/25	■ NEW	☐ RENEWAL	☐ NEW CONSTRUCTION	
1.	LOCATION OF SHORT-TERM RENTAL - Street address: 1506 Windsor St				
	<i>Zip code:</i> 65201				
	Boone County Assessor's Tax Parcel Identification Number: 17-117-00-01-058.00 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, attack	ched 🗆 Two-	family \square Mu	lti-family Rooming House	
	Has this property previously been authori	zed for a STR? Y	S □ NO ■ If	NO, proceed to question # 2	
	If YES, was the STR Certificate of Complian	nce revoked? YES	\Box NO \Box		
2.	TIER OF SHORT-TERM RENTAL -				
	Is the dwelling unit the Registrant's princi	ipal residence? Y	ES NO If yes	s, demonstrating documentation is required.	
		mentation; a utility	bill; a valid driver'	nts: a valid motor vehicle or voter registration; federal s license; or other legal documentation deemed	
	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 				
	$\ \square$ Tier 3 (Up to 365 nights annually)				
	How will the dwelling be offered as a short-term rental (check those that apply)				
	$lacksquare$ Entire Home \Box Partial Home \Box Roo	om			
	Maximum "transient" guest occupancy o	desired? (Choose	One) ₄		
	Does the dwelling current possess a curr	ent "Rental Certi	ficate of Compliar	nce"? YES \square NO \blacksquare If NO, proceed to question #3	
	If YES, provide Certificate of Rental Com	pliance number:			
3.	REGISTRANT (APPLICANT) FOR SHORT-T	ERM RENTAL -			
	Full name*: Kenneth R Germond				
	Address: 1504 Windsor St				
	City, State, Zip code: Colimbia, MO				
	Date of birth (xx/xxxx):				
	Last 4-digits of social security number or	Federal Tax Iden	tification Number	r: 	
	Telephone number:				
	Email address:				
		n agent to proces	ss this application	? YES NO If NO, proceed to question # 4.	
				available within the STR Documents Library .	
	ij 163, complete a Property Owner Autho	nizulion Form (P	UAFJ. THE PUAF IS	avanable within the 31k 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 e provided on the form entitled Ownership Interests available within the STR Documents Library.

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4. REGISTRANT'S PROOF OF DWELLING UNIT POSSESSION -

Is the registrant the legal owner of the dwelling as shown in the Land Records of Boone County Missouri? YES \blacksquare NO \square If YES, provide proof by valid warranty deed.

If NO, the following shall be supplied to support registrant's claim of legal possession of the dwelling and ability to obtain a STR Certificate of Compliance:

- 1. Valid lease or other verification of the tenant's right to possession of the dwelling unit; and
- 2. Notarized affidavit from the property owner allowing registrant to conduct a short-term rental within the dwelling. **Affidavit Form** is available within the **STR Documents Library**.

5. DESIGNATED AGENT -

A designated agent located within the County of Boone who is accessible 24-hours per day, seven (7) days a week, must be specified. This agent will be responsible for addressing matters arising with the operation of the dwelling as a short-term rental in the absence of the registrant.

Full name: Susan Eggener Address: 1504 Windsor St

City, State, Zip code: Columbia, M, 65201

Telephone number:

Email address:

Relationship to registrant: Spouse

6. WEBSITE OR LISTING PLATFORMS -

Provide a complete list (name and web-address) of the sites upon which dwelling would be listed.

AirBnB

7. DWELLING/SITE SPECIFIC INFORMATION -

Total number of bedrooms within the dwelling: 2

Approximate size of each bedroom or sleeping space (in square feet):

Front room - 144 sq,ft

Blue room - 144 sq.ft

Total number of on-site driveway parking spaces (a space measures 8.5-ft x 18-ft): 0 (driveway to be installed)

Does the dwelling unit or property presently have an accessory dwelling unit (ADU) within it or on-site? YES \square NO \blacksquare

8. CONDITIONAL USE PERMIT REQUIRED -

Any dwelling unit that is or is not a long-term resident's principal residence located in the A, R-1, R-2, and R-MF zoning districts and sought to be offered as an STR for 210 nights annually as well as any dwelling unit that is or is not a long-term resident's principal residence located in the M-OF zoning district and sought to be offered as an STR for greater than 120 nights annually shall obtain a conditional use permit (CUP) prior to being eligible for issuance of a STR Certificate of Compliance or Business License.

Review of the STR Flowchart will determine if a conditional use permit (CUP) is required. Whenever a Tier identified as either "conditional accessory use" or "conditional use" is shown within the Flowchart a CUP is required. If a CUP is required, the Conditional Accessory/Conditional Use Supplemental Questions Form shall be completed and attached to this application at time of submittal. The Conditional Accessory/Conditional Use Supplemental Questions Form can be found 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				
	f Yes, please proceed to application signature and acknowledgement of accuracy				
	If No, a Heating and Ventilation Systems Certificate of Inspection and Appro Certificate of Rental Compliance. This form IS NOT required to be submitted will be requested as part of the Housing and Neighborhood Services review of Systems Certificate of Inspection and Approval Form can be found within the	vith your initial application. Submission of this form f your STR application. The Heating and Ventilation			
10.	SUPPPLEMENTAL APPLICATION QUESTIONS -				
(a) Has the subject dwelling prior to this application been used as an STR? XYES NO					
) If "Yes" question (a), for how many days in the prior cal as the dwelling offered as an STR?	endar year 50			
(c) In relationship to the subject dwelling, how far is the "designated agent" the dwelling in:					
М	iles D and Travel Time I minute				
6:	A DOUGA	TIONIC MALICT DE CICNEDA			
	ature and Acknowledgement of Accuracy (ALL APPLICA				
(A d sigr	ligital/electronic signature is permitted. If such signature cannot be affi n were required, and ATTACH PAGE as an UNLOCKED PDF to your STR A	ixed, PRINT THIS PAGE , manually pplication submission).			
know	ndersigned hereby certifies that the information contained on the above dedge and belief, and the undersigned is either the owner of the proper operator/agent on behalf of the owner.	ove application is true and correct to his/her beserty or has the authority to sign such application			
K	en Germand If Corporation:				
Owne	r	President			
		Secretary			
The o	wner/operator/agent may sign the following consent form to allow th	ne 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.