SHORT-TERM RENTAL (STR) APPLICATION FORM

APF	PLICATION DATE -	THIS IS AP	PLICATION IS (Cho	oose One) -	
	9/16/25	■ NEW	☐ RENEWAL	☐ NEW CONSTRUCTION	
1.	LOCATION OF SHORT-TERM RENTAL - Street address: 2609 Wee Wynd				
	<i>Zip code:</i> 65203				
	Boone County Assessor's Tax Parcel Identification Number: 16-507-00-02-161.00 01				
	Zoning district in which dwelling unit is	s located: (use <u>City V</u>	<u>/iew</u> to find your z	coning): (Choose One) R-1 (One-family Dwelling)	
	What is the present use of the dwelling	g seeking STR autho	rization? (Choose	one)	
	■ Single-family ☐ Single-family, at	tached Two-	family \Box Mu	llti-family Rooming House	
	Has this property previously been auth	orized for a STR? YE	S □ NO ■ If	NO, proceed to question # 2	
	If YES, was the STR Certificate of Comp	liance revoked? YES	\Box NO \Box		
2.	TIER OF SHORT-TERM RENTAL -				
	Is the dwelling unit the Registrant's pri	ncipal residence? Y	ES NO If yes	s, demonstrating documentation is required.	
		cumentation; a utility	bill; a valid driver'	nts: a valid motor vehicle or voter registration; federal is license; or other legal documentation deemed	
	Tier Designation (select one):				
	☐ Tier 1 (30 nights annually)				
	☐ Tier 2 (120 nights annually), No CL☐ Tier 2 (210 nights annually), CUP r	•		ce	
	\Box Tier 3 (Up to 365 nights annually)				
	How will the dwelling be offered as a	short-term rental (c	heck those that a	pply)	
	$lacksquare$ Entire Home \Box Partial Home \Box R	Room			
	Maximum "transient" guest occupand	cy desired? (Choose	One) ₆		
	Does the dwelling current possess a c	urrent "Rental Certi	ficate of Compliar	nce"? YES $lue{}$ NO $lue{}$ If NO, proceed to question #3	
	If YES, provide Certificate of Rental Co	ompliance number: (ONS 008720		
3.	REGISTRANT (APPLICANT) FOR SHORT				
	Full name*: Lori Brockman				
	Address: 4004 Baurichter Drive	ž			
	City, State, Zip code: Columbia, M				
	Date of birth (xx/xxxx):	0 00200			
	Last 4-digits of social security number	or Federal Tax Iden	tification Number	r:	
	Telephone number:	1			
	Email address:				
		f an agent to proces	ss this application	? YES \(\text{NO} \) \(\begin{align*} \text{If NO, proceed to question # 4.} \end{align*}	
				available within the STR Documents Library .	
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* 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 NO 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: Lori Brockman

Address: 4004 Baurichter Drive

City, State, Zip code: Columbia, MO 65203

Telephone number:

Email address:

Relationship to registrant: Owner

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: 3

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

144 100 100

Total number of on-site driveway parking spaces (a space measures 8.5-ft x 18-ft): 2 drive (1-car garage)

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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	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 Ap Certificate of Rental Compliance. This form IS NOT required to be submitte will be requested as part of the Housing and Neighborhood Services review Systems Certificate of Inspection and Approval Form can be found within the	d with your initial application. Submission of this form v of 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? YES NO
	o) If "Yes" question (a), for how many days in the prior of as the dwelling offered as an STR?	alendar year
(0	c) In relationship to the subject dwelling, how far is the "	designated agent" the dwelling in:
M	liles 3 and Travel Time 20 m; a	
Sign	nature and Acknowledgement of Accuracy (ALL APPLI	CATIONS MUST BE SIGNED)
	digital/electronic signature is permitted. If such signature cannot be a In were required, and ATTACH PAGE as an UNLOCKED PDF to your STI	
The u	undersigned hereby certifies that the information contained on the a viedge and belief, and the undersigned is either the owner of the pro	above application is true and correct to his/her best operty or has the authority to sign such application
	e operator/agent on behalf of the owner.	
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as the	You? Brode If Corporation:	President
	You? Brode If Corporation:	President
as the	You? Brode If Corporation:	President
Owner	You? Brode If Corporation:	Secretary