



City Of Lead

Short Term Rental Application & License

License # _____

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Rental Address: _____
Street Address Apartment/Unit #

Physical Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Sales Tax License Number _____ Department of Health License Number _____

IF NOT REGISTERED WITH THE DOH IS CITY INSPECTION COMPLETE? YES NO

Attached Trailer Parking YES NO Provided with City Ordinances? _____

Local Point of Contact Information

The city is asking for a local point of contact to be designated in case of emergency situations in which homeowner can't be reached.

Name: _____ Address: _____

Phone: _____ Relationship: _____

License Term

From: _____ To: _____

License Approval

Be it also known that the licensee's performance shall be monitored and said performance will be considered at the time of renewal. The licensee has the right and will be encouraged to appear before the Commission in defense of any allegations against said performance.

Applicant Signature: _____ Date: _____

Approval Signature: _____ Date: _____