



CITY OF HAZEL PARK SHORT-TERM RENTAL LICENSE APPLICATION

PROPERTY ADDRESS: _____, Hazel Park, MI 48030

This application must be submitted in-person or by mail, along with a nonrefundable \$500.00 application fee and all necessary supplemental materials (see next page for required documentation) to the Hazel Park City Clerk's Office (111 E. Nine Mile Rd., Hazel Park, MI 48030) 248-546-4064. If approved, a licensing fee of \$625.00 and certificate of general liability insurance coverage is due prior to issuance. All payments should be made payable to the City of Hazel Park.

Pursuant to Chapter 5.44 of the City of Hazel Park Code of Ordinances, Short-Term Rental Licenses are valid until December 31st of the issuing year. No person may hold more than one license at a time. Licenses are non-transferable and non-assignable. Up to 30 licenses may be issued at a time, with no more than one (1) license per city block. A Building Dept. inspection shall be scheduled by the applicant at the time of application and every (six) 6 months thereafter in order for licensure to be maintained. A list of Short-Term Rentals is available at hazelpark.org or the City Clerk's Office.

1. DESCRIPTION OF PREMISES

of Bedrooms: _____ # of Bathrooms: _____ # of off-street parking spaces: _____

Max Occupancy (2 adults per bedroom): _____ Parcel ID #: 28-____-____-____-_____

2. PROPERTY OWNER

- If the Owner does not maintain permanent residence or business location within Oakland County, a Local Agent must be designated in Section 3 below.

Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____ Phone: _____

Fax: _____ Email: _____

3. APPLICANT (NOT Registered Agent) – Must include copy of STATE-ISSUED ID

- I am an owner of the property.
- I am NOT an owner of the property, but have included a signed NOTARIZED AUTHORIZATION LETTER from Owner that includes Owner's 1) personal name; 2) address; 3) state-issued ID number; 4) date of birth; 5) phone number; and 6) email address.

Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____ Phone: _____

Fax: _____ Email: _____

4. HISTORY OF CITATIONS, REVOCATIONS, ETC.

- Has the Owner or Applicant ever been cited for a violation of Code of Ordinances Chapter 5.44? _____; or had a Short-Term Rental License revoked? _____
- Has the Owner or Applicant ever been cited for a violation of any Building or Code Ordinance in the City of Hazel Park? _____

5. LOCAL AGENT DESIGNATED FOR NOTICES & 24/7 AVAILABILITY – Must include copy of STATE-ISSUED ID

- Must be within a 45-minute distance of the short-term rental property applying for licensure.

Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____ Phone: _____

Fax: _____ Email: _____

6. PROPERTY MANAGEMENT COMPANY

Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____ Phone: _____

Fax: _____ Email: _____

7. CLEANING COMPANY

Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____ Phone: _____

Fax: _____ Email: _____

8. REQUIRED DOCUMENTATION

- a. Fully completed Short-Term Rental License Application.
- b. Copy of state-issued IDs for 1) Applicant & 2) Local Agent.
- c. Notarized authorization letter from property owner (if applicant is not an owner of property).
- d. Copy of the proposed short-term rental contract that includes all required provisions under Chapter 5.44 of the City of Hazel Park Code of Ordinances.
- e. **Upon approval of this Short-Term Rental License**, a copy of a certificate of general liability insurance coverage issued by an insurance company licensed to do business in the State of Michigan covering the premises and insuring the licensee against risks arising from commercial rental activities on the premises.

By signing below, I certify that the foregoing is a true and complete statement of the facts requested, that all taxes and water bill payments on the property are current, and that I shall comply with all the rules and regulations as set forth by the City of Hazel Park, including but not limited to Chapter 5.44 of the Code of Ordinances in its entirety. I certify that the owner of the premises does not have an ownership interest in more than one (1) premises for which a Short-Term Rental License has been issued or is being sought. I understand that it is my responsibility to verify that a license has not been allotted to the city block for which I am applying, and that I must schedule an inspection of the short-term rental property with the Building Department (248-546-4075) upon application and every (six) 6 months thereafter. Furthermore, I acknowledge that if this application is approved, I am responsible for payment of the licensing fee, and provision to the City Clerk's Office of a certificate of general liability insurance coverage prior to issuance of the license.

9. APPLICANT NAME: _____

SIGNATURE: _____ **DATE:** ____/____/____

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PROPERTY ADDRESS: _____

- PROPOSED RENTAL CONTRACT INCLUDED? Yes _____ No _____
- DRIVER'S LICENSE(S) INCLUDED? Yes _____ No _____
- AUTHORIZATION LETTER (If applicable)? Yes _____ No _____ N/A _____

Application Fee Inv. # _____ Application Date _____

DATE SENT TO EACH DEPARTMENT:

APPROVAL DATE:

Building _____

City Atty _____

Planning _____

Treasurer _____

Water _____

Departmental Signature

Date

Full Approval Date

License Fee Inv. #

- LICENSING FEE RECEIVED? Yes _____ No _____
- CERTIFICATE OF INSURANCE RECEIVED? Yes _____ No _____

Date Licensing Fee & Cert. of Insurance Received

Date of License Issuance