



LINCOLN COUNTY
SHORT TERM RENTAL
ANNUAL LICENSE APPLICATION

Licensing Authority
Lincoln County Sheriff's Office

225 W. Olive Street
Newport, OR 97365
Phone: 541-265-0675

[] New Application (\$900.00)

Owner: _____

Local Contact Person: _____

DBA: _____

Contact Person Business Name (if any): _____

Mailing Address: _____

City/State/Zip: _____

Mailing Address: _____

Phone: _____

City/State/Zip: _____

Email: _____

Phone: _____

Email: _____

Property Information:

Street Address and City: _____

House Name (as advertised): _____

Website Address: _____

Map and Tax Lot Number: _____ Year Dwelling Constructed: _____

Number of Sleeping Areas: _____ Requested Maximum Occupancy: _____

Number of Off-Street Parking Spaces: _____ Other On-Street Parking Locations: _____

I have met and will continue to comply with the requirements of Lincoln County Code (LCC) Chapter 4.405 through 4.060 and will comply with LCC Chapter 5.005 through 5.070 Transient Room Tax. I hereby certify that the above information is accurate and that I will notify the Lincoln County Licensing Authority of any changes to this information. I acknowledge that failure to comply with all standards of the Lincoln County Code may result in denial or revocation of my application or license. I authorize Lincoln County staff and/or Hearings body to enter the property for inspection of site in conjunction with this application.

Owner of Record Printed Name

Owner of Record Signature Date

FOR OFFICE USE ONLY

Date Received: _____ Received By: _____ Fees Paid: _____ New: [] Sold/Transfer: []

Inspection Date: _____ Approved [] Denied [] License Number: _____ Issued By: _____