



**CITY OF SANTA CRUZ APPLICATION for
RESIDENTIAL SHORT-TERM RENTAL (STR) PERMIT and
TRANSIENT OCCUPANCY TAX (TOT) REGISTRATION CERTIFICATE
(ALL FIELDS ARE REQUIRED)**

Date/Time Stamp:

FOR OFFICE USE ONLY

ADDRESS of STR: _____

NAME/DBA of STR if applicable _____

TOT REGISTRATION STATUS

- INITIAL TOT REGISTRATION -Or-
 CURRENTLY REGISTERED - **TOT Registration Certificate Number** _____

PROPERTY OWNER(S)

Full name(s) of all property owners (Print Names): _____

Designated Owner Contact Name: _____

Owner Mailing Address (address, city, zip): _____

Owner Email Address: _____ Owner Phone No: _____

Type of Ownership-check all that apply: Individual(s) Trust Other _____

OPERATOR – Same as owner Different from Owner:

Operator Contact Name: _____

Operator Business Name, if different _____

Operator Mailing Address (address, city, zip): _____

Operator Email Address: _____ Operator Phone No: _____

DATE OF FIRST USE AS SHORT-TERM RENTAL: (Mo/Day/Yr): _____

DO YOU USE ONLINE SITE(S) FOR THIS PROPERTY (e.g., Airbnb, VRBO)?

- No Online Sites Used
 Online site(s): Name/URL _____ ID No. _____
Name/URL _____ ID No. _____

(attach separate sheet if more)

WHAT IS OFFERED FOR RENT? Entire Home Room(s) in Home: _____ Number of Rooms

IS THIS THE OWNER’S PRINCIPAL RESIDENCE? Yes (see below, documentation required)¹ No

Number of Residential STR units currently owned by Property Owner(s) in the City of Santa Cruz? _____

Address(es) of other STR unit(s) in same ownership: _____

(attach separate sheet if more than one)

Note: A separate application is required for each STR unit (including more than one unit on the same property).

IS THE PROPERTY CURRENTLY REGISTERED FOR RESIDENTIAL RENTAL INSPECTION SERVICES?

- No Yes: Certificate Number: _____



SUBMITTAL REQUIREMENTS:

Plans do not need to be drawn by a professional, however plans must be drawn to scale and include:

- Plot (site) plan showing property boundary lines, location of all existing buildings, and location and dimension of on-site parking.
- Floor plan showing all rooms with each room labeled as to room type & use (e.g., **Bedroom: 1 king bed, 2 twin beds**; sitting room/den with pull-out sofa; kitchen; dining room, etc.); note with asterisk (*) which room(s) to be used for STR (no asterisk notes required if entire unit is STR).
- Color photograph of the front of the residence which includes visible building address number.
- Proof of principal residency for Hosted STR: Evidence that owner has been granted a Homeowner’s Exemption pursuant to California Revenue and Taxation Code §218, on file in the County Assessor’s Office, and at least two other pieces of documentation¹

I/WE DECLARE UNDER PENALTY OF PERJURY THAT 1) I/WE ARE THE PROPERTY OWNER(S) OR AUTHORIZED REPRESENTATIVE(S) OF THE PROPERTY OWNER(S); 2) THE PROPERTY IS IN COMPLIANCE WITH THE REQUIREMENTS OF SCMC CHAPTER 3.28, TRANSIENT OCCUPANCY TAX, INCLUDING FILING OF ALL TOT RETURNS AND PAYMENT OF ALL TAXES, PENALTIES, AND INTEREST DUE FOR ANY SHORT-TERM RENTALS PRIOR TO THE DATE OF APPLICATION; 3) I/WE UNDERSTAND THAT ANY SALE, ASSIGNMENT, OR OTHER TRANSFER, INCLUDING ANY CHANGE OF OPERATOR AND/OR OWNERSHIP, REQUIRES A NEW RESIDENTIAL STR PERMIT AND TOT REGISTRATION CERTIFICATE APPLICATION; AND 4) THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

Owner Signature: _____ Date: _____

Print Name: _____

In addition to Owner signature, if Operator is different from Owner:

Operator Signature: _____ Date: _____

Print Name: _____

¹ Following are acceptable evidence of principal residency:

Homeowner’s exemption as evidenced by copy of current property tax bill or print-out from County web site, and two or more of the following: federal or state tax returns; bank statements; vehicle registration; CA driver’s license; voter registration; employment records; mailing address for bills and correspondence.

Return application to:

**City of Santa Cruz Planning Department
809 Center Street, Room 101
Santa Cruz, CA 95060**

--- ALL INFORMATION IS SUBJECT TO AUDIT ---