APPLIC	ATION FOR BU	OF LINCOLN CITY SINESS OCCUPATI NTAL PROPERTIES	ON TAX PE	RMIT
Rental Name:	(ie:"Smith Monthly Renta	l" and/or "Condo #112 @ Lake	side" and/or "Seas	cape STR")
Rental Location:		(Street Address)		
	(Please List An	y Additional Properties On H	Reverse Side.)	
Property Owner(s):				
Mailing Address:	(Street)	(City)	(State)	(Zip)
Phone 1#:		Phone 2#:		
Email Address: Manager or Contact Per				
(If Applicable)	(Name)	(Relationship to Own	er)	(Daytime Phone)
Any other Licenses or Permits? Yes No If Yes ID#:				
I hereby affirm that the above information is true to the best of my knowledge and belief.				
Signature and TitleDate				
		eluding safety, planning and a ental business within the city		
	y toward the Occupat	ANNUA ion Tax Permit Annual Fea ing for Short Term Rental I	e and is <u>non-ref</u> u	\$100.00 <u>indable</u> .)
City of Linco	In City* Finance D PO Box 50 * Lir	M, SIGN, AND PAY AF epartment* 801 SW Hw ncoln City * OR * 97367 f emailed, we will cont	vy 101 3 rd Flo 7-0050 *	or