



SHORT TERM RENTAL (STR) APPLICATION FOR LICENSE

CITY OF PHILIP, SD
140 S. Howard Avenue, 4th Floor - PO Box 408
Philip, SD 57567

Application for license to operate an establishment as a Short Term Rental (STR) in the City of Philip, SD.

APPLICATION FEE: **\$1,000.00**

(The applicable fee is due at the time of submitting this application. Approval of this application is provisional and contingent upon applicant securing a license from the SD Dept. of Health. Applicant must submit a copy of their state license before a local license will be issued by the City of Philip.)

Part I: ESTABLISHMENT INFORMATION

Establishment Name: _____

Owner of the Establishment: _____

Individual Corporation Partnership Limited Liability Company (LLC) Other _____

Establishment Contact Person: _____

Contact Number: _____ Email Address: _____

Establishment Physical Address: _____
Street City State Zip Code

Mailing Address (If Different): _____
PO Box City State Zip Code

Legal Description: _____

SD Sales Tax License No. _____ (**ATTACH** a copy of the license.)

Part II: TYPE OF SHORT TERM RENTAL & PROPOSED USE

Bed & Breakfast Facility

Vacation Home Rental

Describe proposed use of the establishment (including any outdoor use). **ATTACH** a site plan of the property, including all existing and proposed structures with setbacks and on-site parking spaces:

Number of Rooms: _____ Maximum Number of Occupancy: _____

Proposed Dates Available From: _____ To: _____

Will the applicant business need any anticipated building or construction-related permits upon approval of this license? (Contact City Office if Unknown.) Yes No

If yes, please explain: _____

Part III: PERFORMANCE REQUIREMENTS

1. The Owner shall keep records as required per SDCL 34-18-21. The report shall be provided to the City Office upon request.
2. Occupancy of recreational vehicles (RVs), camper trailers and tents shall not be allowed.
3. The minimum age allowed for the principal renter of a STR is 21 years of age.
4. The use of open fires, fire pits, fireworks, charcoal burning grills, gas fired grills, or other devices (as applicable) shall not be allowed without permission from the Local Contact or Owner. The Local Contact or Owner must comply with any and all federal, state and/or local laws, ordinances or rules regarding open burning, burn barrels, fire pits, fireworks, fireplace or the burning of any flammable material.
5. The owner shall maintain insurance coverage on the establishment with an endorsement for the short term rental. (**ATTACH** a copy of the coverage—certificate of insurance or declaration page.)
6. Where the Owner does not reside full-time within 50 miles driving distance of the STR, a Local Contact shall be designated. The Local Contact shall reside within 50 miles driving distance of the STR. The Owner or Local Contact shall be responsible for responding in a reasonable time to complaints about the STR. The name, address, and telephone contact number of the Owner and/or Local Contact shall be kept on file at the City Office. Upon change of Local Contact, the owner shall provide to the City Office the new information.

LOCAL CONTACT INFORMATION:

Name: _____ Contact Number: _____

Mailing Address: _____
PO Box City State Zip Code

Signature of Local Contact

Date

Part IV: ESTABLISHMENT OWNERS

Name	Permanent Address	Contact Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have any officers ever served as an owner, officer or board member for any other STR that had its license and/or registration certificate revoked? Yes No

Part VI: LOCAL GOVERNING BODY ACTION

Date application received in city office: _____

Amount of fee collected with application: \$ _____

Governing Board Action Taken. Date: _____

Approval. The governing body by majority vote recommends the approval and granting of this license and certifies that application and establishment have been reviewed and conform to the requirements of local ordinances.

Denial. The governing body by majority vote denies granting this license and certifies that the application and establishment fails to comply with the requirements outlined in City Ordinance Section 10-600.

Mayor's Signature

Printed Name

Date Approved

Expiration Date _____ (License issued for calendar year as outlined in City Ordinance 10-607)

Part VII: RENEWAL (IF APPLICABLE)

Date renewal request received in city office: _____

Requirements:

_____ Annual Fee of \$ 1,000.00

_____ Current Lodging License issued by the SD Dept. of Health

_____ Current Certificate of Insurance or Declaration Page with Endorsement for Short Term Rental

_____ Contact Information for the Property Manager or Local Contact Individual

Approval. Renewed in accordance with City Ordinance 10-607.

Referred to City Council for Action on the Renewal.

City Representative & Title

Printed Name

Date Approved

Expiration Date _____ (License issued for calendar year as outlined in City Ordinance 10-607)