

CITY OF BEAUFORT SHORT TERM RENTAL APPLICATION

DATE: _____

APPLICANT'S NAME: _____

APPLICANT'S ADDRESS: _____

PHONE NUMBER: _____ E-MAIL: _____

Submit the following with this application	Submit the following with Business License Application
1. Alarm Certificate (For each address)	1. This application after Zoning approval
	2. Completed Business License Application
	3. Completed Beaufort County Personal Property Tax Form
	4. Copy of State Accommodations License - (803) 896-1420
	Note: Local Accommodations Tax (3%) will be paid to the City of Beaufort by the 20 th of each month.

List all "SHORT TERM RENTAL" addresses you will be operating within the City of Beaufort limits:

Physical Address	Tax Map and Parcel No.	Zoning	Approved (Official Use Only)
1.			
2.			
3.			
4.			
5.			

Will a property management company or cleaning service will be used: YES NO

If yes, please list name and contact information: _____

PURSUANT TO SECTION 6-29-1145 OF THE SOUTH CAROLINA CODE OF LAWS, IS THIS TRACT OR PARCEL RESTRICTED BY ANY RECORDED COVENANT THAT IS CONTRARY TO, CONFLICTS WITH, OR PROHIBITS THE ACTIVITY DESCRIBED IN THIS APPLICATION? ____ YES ____ NO

APPLICANT'S SIGNATURE _____

DATE _____