



Short-Term Rental License Application

v. 1.2025

Section 1: Applicant Information

Full Name _____

Phone Number _____

Email Address _____

Mailing Address _____

Section 2: Property Information

Property Address _____

Zoning District (Check One) Core Commercial District (C-1) Community Commercial District (C-2)
 Other (See Below)

If "Other," Specify (R-1, R-2, etc.) _____ (Favorable Special Use Review Required)

Number of Bedrooms for Rental _____

Total Property Occupancy _____

Whole Home Rental? ___ Yes ___ No

Proof of Ownership (Attach Document) Attached

Section 3: Short-Term Rental Details

Is this your primary residence? Yes No (Attach Proof)

Have all applicable taxes been paid? Yes (Attach Proof) No (Application will not be processed)

Section 4: Local Contact Person Information

Full Name _____

Phone Number _____

Email Address _____

Local Contact Address _____

24/7 Emergency Contact Availability Yes No (Application will not be processed)

Section 5: Special Use Review (If Applicable)

Is Special Use Review Required? Yes No
Special Use Review Application Submitted? Yes No
Has the Special Use Review been approved? Yes (Attach Proof) No

Section 6: Inspection Compliance – To be completed by Paonia Town Staff

Inspection Requirement	Met? (Check One)
Exterior egress door (min. 36" wide, 6'8" tall).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Smoke detectors in every bedroom.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Smoke/Carbon Monoxide detectors outside bedrooms (within 15') and on each level.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Egress window or door to the outside in all sleeping rooms.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Scheduled?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 7: Fees and Payment

Fee Type	Cost
Single-Bedroom Short-Term Rental (\$150/bedroom)	\$ _____
Full Short-Term Rental (\$500, not Primary)	\$ _____
Total Fee Submitted:	\$ _____

Section 8: Certifications and Acknowledgments

Certification	Applicant Initials
I certify that all information is accurate and complete.	_____
I will comply with all provisions of the Town's Municipal Code.	_____
I understand failure to comply may result in license suspension or revocation.	_____
I acknowledge the license is non-transferable and expires after one year.	_____

Applicant Signature: _____

Date: _____

Checklist of Required Documents

Document	Attached? (Check One)
Proof of Ownership or Controlling Interest	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached
Proof of Primary Residence (if applicable)	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached
Proof of Tax Payment (up to Dec. 31, 2024)	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached
Special Use Review Approval (if applicable)	<input type="checkbox"/> Attached <input type="checkbox"/> Not Applicable
Inspection Scheduled	<input type="checkbox"/> Yes <input type="checkbox"/> No

For Office Use Only

Application Received By _____

Date Received _____

License Number Issued _____

Inspection Completed On _____

Special Use Review Approval Yes No

Application Status Approved Denied