



SHORT TERM RENTAL CERTIFICATE OF REGISTRATION

This application is being submitted for the following business:

Applicant Name: _____

Trading-As Name: _____

Start Date of Business: _____

Business Type: (Circle One) Individual – Partnership – Corporation - LLC

Telephone Number: (____) _____ - _____ **Fax Number:** (____) _____ - _____

Business Location Address: _____

City & State: _____ **Zip Code:** _____

Mailing Address: _____

City & State: _____ **Zip Code:** _____

Total Gross of Business in Calendar Year 20____ : \$ _____

What Percent of the Gross is your business rental: _____%

What percent of your rental would qualify as SHORT TERM RENTAL: _____ %
(80% Rental for 92 days or less)

What type of merchandise/equipment do you rent? _____

If rented on contract, what is the average length of contract? _____

I, the undersigned, do hereby swear (or affirm) that the information supplied herein is true and complete, to the best of my knowledge and belief.

Signature (Must be signed by Owner, a partner or in case of corporation an executive officer)

Acknowledge and sworn before me this _____ day of _____, 20____.

: Deputy