



Accessory Short-Term Rental License Renewal Application

Permit Application Center (City Hall)

555 Liberty St. SE, Room 320 • Salem, OR 97301

503-588-6173 | planning@cityofsalem.net

(For office use only)

License #:

*If you need help understanding this information, please call 503-588-6213
Si necesita ayuda para comprender esta informacion, por favor llame 503-588-6213*

Applicant Information

Name			
Home Address			
Mailing Address			
Phone Number		E-mail Address	

Criminal History	Have you been CONVICTED of a criminal offense within the past 12 months (Felony or Misdemeanor)?		
	<input type="checkbox"/> No	<input type="checkbox"/> Yes (state crime, arresting agency, and date) <i>(Note: Attach additional page(s) if necessary to answer question completely)</i>	
	List any PROBATION violations within the last 10 years. <i>(Note: Attach additional page(s) if necessary to answer question completely)</i>		

Property and Rental Information

Property Address			
Map & Tax Lot No.			
Comp Plan Designation		Zoning	
Ownership of Rental	Are you the owner or a renter of the home to be rented?		
	<input type="checkbox"/> Owner	<input type="checkbox"/> Renter (renters must submit written authorization from the owner of the home to operate it as an accessory short-term rental)	
Owner Name			
Owner Address			
Owner Phone Number			

Confirmation of Continued Residency	Do you still live on the property where the rental is located?	
	<input type="checkbox"/> Yes, I still live on the property and/or in the dwelling unit being rented.	<input type="checkbox"/> No, I no longer live on the property or in the dwelling unit being rented.

Changes to License Information from Preceding Year

<input type="checkbox"/> No	<input type="checkbox"/> Yes	Structure Type: Is the type of structure your rental will be located in changing? If yes , complete the following:	
		Please indicate the type of structure your rental will be located within:	
		<input type="checkbox"/> Single family dwelling unit;	<input type="checkbox"/> Dwelling unit in condominium
		<input type="checkbox"/> Two family dwelling unit;	<input type="checkbox"/> Guest house; or
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Accommodation Type: Is the type of guest accommodations you will be renting changing? If yes , complete the following:	
		Please indicate the type of guest accommodations that will be rented:	
		<input type="checkbox"/> Individual guest room(s) within dwelling unit/guest house;	<input type="checkbox"/> Entire dwelling unit/guest house; or
		<input type="checkbox"/> Both	
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Total Number of Bedrooms on Property: Have the total number of bedrooms on the property changed? If Yes , complete the following:	
		Please indicate the total number of bedrooms on the property: <i>(Note: Include in total any bedrooms within a guest house)</i>	
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Number of Guest Rooms to be Rented: Will the number of guest rooms you will be renting changing? If Yes , complete the following:	
		Please indicate the number of guest rooms you will be renting:	
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Accessory Dwelling Unit on Property: Has an accessory dwelling unit (ADU) been added to the property?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Hosted/Non-Hosted Rental: Are you changing whether or not you will be present as a host during rentals? If Yes , complete the following:	
		Please indicate whether you will be present as host during rentals.	
		<input type="checkbox"/> Yes, I will be present.	<input type="checkbox"/> No, I will not be present.
		<input type="checkbox"/> Both. I will be present during some rentals and not present during others.	
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Local Representative: Is your designated local representative changing? If Yes , complete the following for your new local representative:	
		Name	
		Address	
		Phone Number	E-Mail Address

Safety Certification

As part of the approval for a license for an accessory short-term rental, you must provide written certification attesting to your rental’s conformance with the safety requirements of the City’s Housing Code ([SRC Chapter 59](#)). As part of your original license approval you completed a **Safety Certification form** attesting that your rental conformed, and would be maintained in such a manner so as to continue to conform, to the requirements of the City’s Housing Code.

<input type="checkbox"/> No	<input type="checkbox"/> Yes	Have any changes been made to your rental that require you to update the information provided on your current Safety Certificaiton form ? <ul style="list-style-type: none"> ▪ If Yes, please submit a new Safety Certification form with your license renewal application. ▪ If No, please complete the following certification of compliance with the Housing Code:
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Certification of Compliance with Housing Code (SRC Chapter 59)

With my signature I hereby attest that no changes have been made to my rental that would require filing an updated Safety Certification form; the information on my current Safety Certification form remains true and correct; my rental is currently in conformance with the requirements of the City’s Housing Code; and I will continue to maintain it in conformance with such requirements.

Authorized Signature	Print Name	Date
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Authorization & Certification of Compliance

I hereby attest that all statements and information provided on, and submitted in connection with, this application are true and correct and authorize City of Salem staff to enter the property and structure(s) for inspection in conjunction with this license application.

By signing this document, I acknowledge that I have read all the regulations relating to the operation of an accessory short-term rental under Salem Revised Code and will operate the accessory short-term rental in compliance with such regulations:

Authorized Signature	Print Name	Date
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Authorized Signature	Print Name	Date
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Electronic Signature Certification: *By utilizing an electronic signature (whether typed, graphical, or free form), I certify herein that I have read, understood, and confirmed all the statements listed above and throughout the application form. Initials: _____*

FOR CITY STAFF USE ONLY – DO NOT WRITE BELOW			
Date Received:		Received By:	
Receipt No.			