



SHORT-TERM RENTAL (STR) APPLICATION

-----SUBJECT PROPERTY INFORMATION-----

Property Owner's Name(s) & Address: _____

_____ Phone Number: _____

Address of STR: _____ City, State, Zip _____

Name & Phone Number of Contact to respond to complaints 24/Hr.: _____

Parcel ID No. _____ e-mail: _____

-----SUPPLEMENTARY INFORMATION-----

1. New Mexico State Tax Payer ID/CRS number associated with the Short-term Rental business:

2. Name of property insurance provider and liability limits (attach a copy of the insurance provider showing liability limits at a minimum of \$1 million to include coverage for buildings and personal belongings).

3. Number of parking spaces provided and state location of spaces via off-street, garages, parking shelters, or driveway space or on-street location:

4. Number of required smoke detector and locations or each:

5. Provide copy of the map that is posted on the wall or the back of the door at each entrance for emergency egress.

6. Number of fire extinguishers and location. A minimum of one currently serviced fire extinguisher is required to be placed within 10 feet of any kitchen or indoor cooking area.

7. Total number of persons occupying a short –term rental unit. May not be more than twice the number of beds or sleeping on sofas on the premises.

Initials

Signed: _____ Date: _____

Date of Application:		Case Number:
Related Business Registration:		Date: / /
Application Fee: \$50.00	Receipt #: 	☐ APPROVED ☐ DENIED CDD Official:_____