



Short-Term Rental Supplemental Application Form

Community Development
111 E. Maple Avenue
Independence, MO 64050
(816) 325-7421
cdplanning@indepmo.org

All the below information is required. Failure to provide any information on the form below will make this an incomplete application and it will not be processed.

Short-Term Rental Supplemental Application

Short-Term Rental Address

Number of Bedrooms Total Occupancy Number of Parking Spaces Street Parking (Yes or No)

Noise Management Plan – detail plan for noise management, including type of noise monitoring device(s) that will be used.

Trash Disposal & Collection Plan – detail plan for trash disposal & collection plan, including trash service utilized & date or type of trash pickup.

Platforms Utilized

- Airbnb
- Vrbo
- Booking.com
- Other: _____
- Other: _____
- Other: _____

Responsible Agent Information (must live within 1 hour and be available 24 hours a day and 7 days a week)

If the contact information for this Responsible Agent changes, the City must be notified by Responsible Agent within five (5) business days of the change(s).

Name Company

Address (including City, State & Zip Code) Time Distance From STR

Phone Email

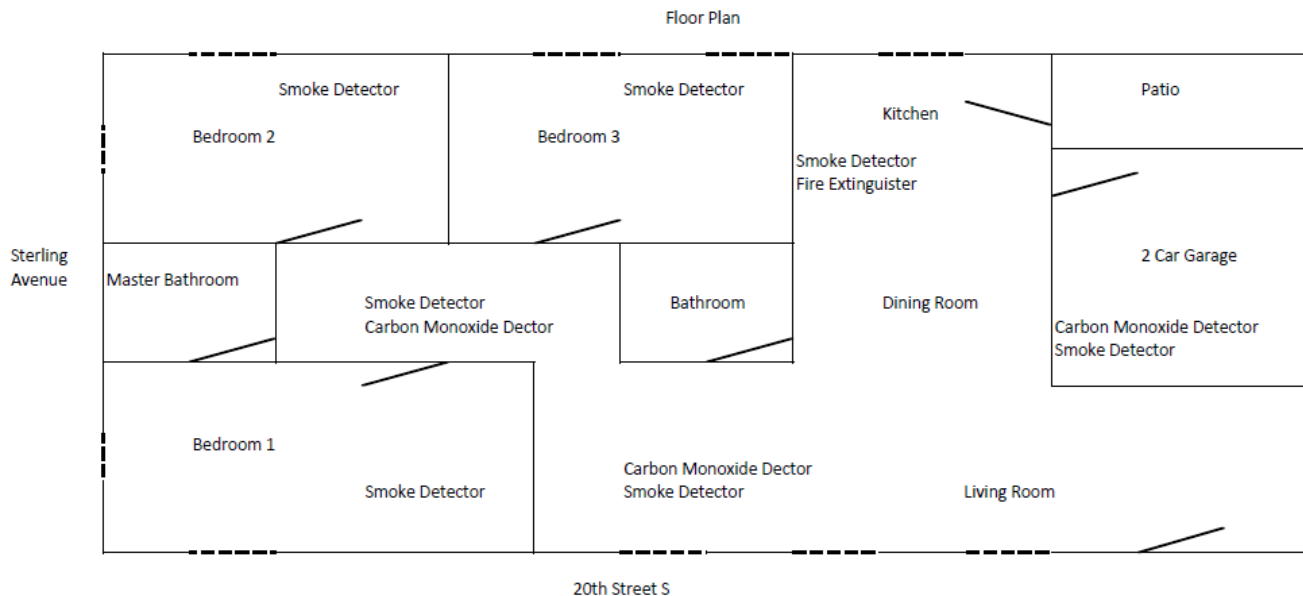
Understandings of the Short-Term Rental City Code (Initial each)

- _____ I understand Short-Term Rentals are prohibited from hosting weddings, banquets, parties, charitable fundraisers, or other similar gatherings.
- _____ I understand a Short-Term Rental shall not be rented to more than one (1) booking party at a time.
- _____ I understand I shall not live in the unit when the unit is rented.
- _____ I understand I am prohibited from providing food, light snacks, or other food and/or meals to guest(s).
- _____ I understand I shall maintain liability insurance appropriate to cover the Short-Term Rental use in the aggregate of not less than \$1,000,000 or conduct each Short-Term Rental transaction through a platform that provides equal or greater insurance coverage.
- _____ I understand Short-Term Rental permits are not transferable to another operator, owner or location.
- _____ I understand I shall post in a prominent location of the dwelling the City’s Good Neighbor Guidelines, the maximum permitted occupancy of the Short-Term Rental, evacuation plan, parking plan, trash disposal requirements, responsible agent name and contact information, the street address of the Short-Term Rental and the Short-Term Rental license number.
- _____ I understand I’m required to obtain a Rental Ready Inspection prior to renewal of the annual business license.

Required Attachments – the following are required to be attached to this supplemental application

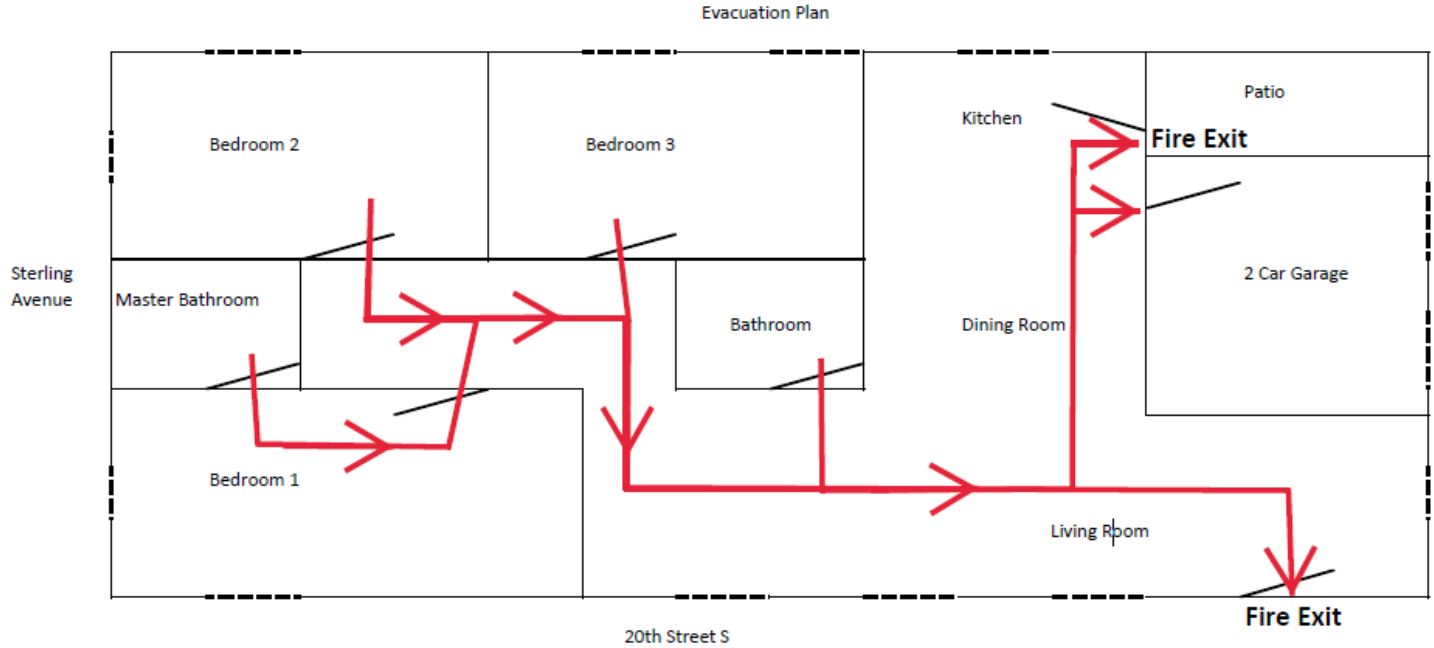
_____ **Floor Plan** (depicting all: entrance/exit doors, windows, guest bedrooms, bathrooms, kitchens, location of smoke detectors, fire extinguisher and carbon monoxide detectors)

Example Floor Plan (please include for all floors of the house):



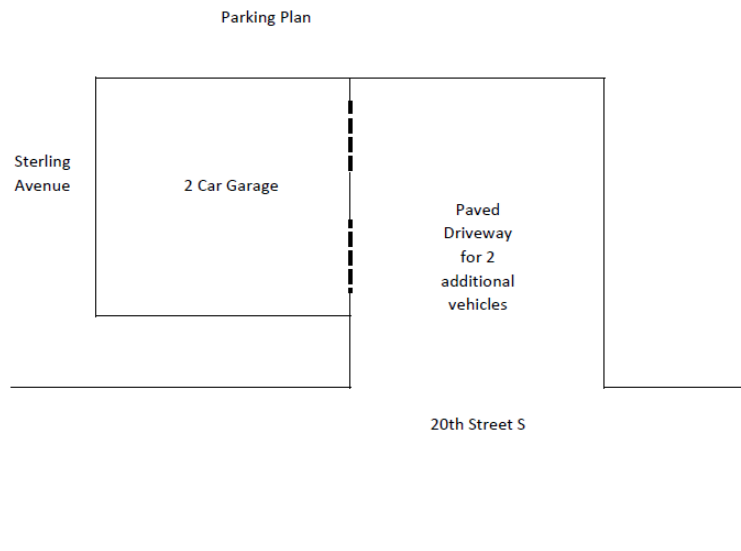
_____ **Evacuation Plan** (indicating the fire exits and escape routes)

Example Evacuation Plan (please include for all floors of the house):



_____ **Parking Plan** (all parking areas must be paved, and this plan should indicate all parking areas for guests, including street and driveway parking)

Example Parking Plan:



The applicant and owner hereby agree that the information provided above is accurate.

Applicant's Signature

Date

Owner's Signature

Date