



Town of Augusta, Missouri Short Term Rental(STR) Application

DATE/TIME STAMP
FOR OFFICE USE ONLY

Address of STR: _____

NAME/DBA of STR if applicable: _____

Property Zoning: Commercial R1 or R2 Residential
(requires a conditional use permit)

PROPERTY OWNER(S):

Full name(s) of all property owners (Print Names): _____

Designated Owner Contact Name: _____

Owner Mailing Address (address, city, zip): _____

Owner Email Address: _____ Owner Phone No: _____

Type of Ownership-check all that apply: Individual(s) Trust Other _____

OPERATOR : Same as owner Different from Owner

Operator Contact Name: _____

Operator Business Name, if different _____

Operator Mailing Address (address, city, zip): _____

Operator Email Address: _____ Operator Phone No: _____

Please note: Operator/Agent must be available 24/7 to answer complaints and concerns within 30 minutes

WHAT IS OFFERED FOR RENT? Entire Home Room(s) in Home: ____ # of Rooms

DO YOU USE ONLINE SITE(S) FOR THIS PROPERTY (e.g., Airbnb, VRBO)?

No Online Sites Used

Online site(s): Name/URL _____ ID No. _____

Name/URL _____ ID No. _____

Name/URL _____ ID No. _____

(attach separate sheet if more)

DATE OF FIRST USE AS SHORT-TERM RENTAL: (Mo/Day/Yr): _____