



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

Page 2 of 2

| |
|---------------------|
| DATE/TIME STAMP |
| |
| FOR OFFICE USE ONLY |

Address of STR: _____

NAME/DBA of STR if applicable: _____

SUBMITTAL REQUIREMENTS:

- A fire & safety inspection/occupancy permit from the Augusta Fire Department
- A conditional use permit issued by the Town of Augusta Zoning Board if property is zoned R1 or R2 Residential.
- A copy of the St.Charles County Convention & Sports Facility Authority Sleeping Room Tax Registration form filed by this STR, with a paid receipt for such taxes for the prior calendar year, or a no tax due letter.
Request by email: dtocco@stcharlescountycsfamo.gov
- Business License from the Town of Augusta
- Permit fee of \$200
- Acknowledgement of receipt and inspection of the Good Neighbor Brochure
- Other information as the Town Clerk deems reasonably necessary to administer this ordinance.

I/WE DECLARE UNDER PENALTY OF PERJURY THAT

- 1) I/WE ARE THE PROPERTY OWNER(S) OR AUTHORIZED REPRESENTATIVE(S) OF THE PROPERTY OWNER(S);
- 2) I/WE UNDERSTAND THAT ANY SALE, ASSIGNMENT, OR OTHER TRANSFER, INCLUDING ANY CHANGE OF OPERATOR AND/OR OWNERSHIP, REQUIRES A NEW RESIDENTIAL STR PERMIT
- 3) THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

Owner Signature: _____ Date: _____

Print Name: _____

In addition to Owner signature, if Operator is different from Owner:

Operator Signature: _____ Date: _____

Print Name: _____

Return application to:
Town of Augusta
P.O. Box 41
Augusta, MO 63332