

License No.: \_\_\_\_\_

**TOWN OF KENDALL**

**APPLICATION FOR TRANSIENT OR SHORT-TERM RENTAL LICENSE RENEWAL**

Address of the Transient or Short-Term Rental property:

\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

**PROPERTY OWNER INFORMATION (if different than the Applicant) <sup>1</sup>**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

<sup>1</sup>Include all owners of the premises as listed on the recorded deed. Attach additional sheets if necessary.

**CONTACT INDIVIDUAL/PROPERTY MANAGER (if different than the Applicant)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

**TRANSIENT OR SHORT-TERM RENTAL PROPERTY INFORMATION**

Number of permanent residents proposed to reside onsite (if any): \_\_\_\_\_

Number of vehicles proposed to be kept onsite by permanent residents (if any): \_\_\_\_\_

Maximum number of guests proposed to reside onsite at full capacity: \_\_\_\_\_

Number of parking spaces proposed to be available for transient use: \_\_\_\_\_

Any changes to current  
permit: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICATION MATERIALS CHECKLIST**

[ ] Application fee of \$500, made payable to Town of Kendall

**AFFIRMATION**

Each of the undersigned represents that, to the best of his/her/their knowledge, the information contained in this application is true and correct, that the relevant property is appropriate for short-term, transient occupancy, and that the proposed Transient or Short-Term Rental complies with the local laws of the Town of Kendall and the laws of the State of New York.

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SIGNATURES OF ADDITIONAL PROPERTY OWNERS (attach additional sheets, if necessary)**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY

Date Received: \_\_\_\_\_ Application Fee Received: [ ] Yes [ ] No

Application Complete: [ ] Yes [ ] No

If no, documentation needed:

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Inspection of premises satisfactory: [ ] Yes [ ] No

Maximum number of transient guests permitted: \_\_\_\_\_

Application approved: [ ] Yes [ ] No

Signature of Town of Kendall Code Enforcement Officer:

\_\_\_\_\_ Date: \_\_\_\_\_

If property is outside of the Waterfront Residential or Waterfront Development Districts, was the application approved by the Planning Board? [ ] Yes [ ] No

If yes, include a copy of Special Use Permit

License Number: \_\_\_\_\_

License Expires: \_\_\_\_\_

Signature of Town of Kendall Town Clerk: \_\_\_\_\_ Date: \_\_\_\_\_