



City of Rockaway Beach, Oregon

276 S. Highway 101,
Mailing Address: PO Box 5
Rockaway Beach, OR 97136

Cityhall@corb.us Phone (503) 374-1752

License # \_\_\_\_\_

2022 – 2023 SHORT TERM RENTAL LICENSE APPLICATION

\$250.00 Annual License Fee (valid 07/01 to 06/30) NON-REFUNDABLE nor subject to proration. The short-term rental license is issued to the owner and does not transfer with the sale or conveyance of the property. We do not accept applications from property management companies or agents, we require owners to submit the complete application and all required documents. Incomplete applications will not be accepted.

1. Owners Applicant Name(s): \_\_\_\_\_

Owner Address\*: \_\_\_\_\_

\*Address must match ownership address on file at Tillamook County Tax Office Records

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2. Address of Short-Term Rental: \_\_\_\_\_ (Each dwelling must apply separately)

3. Name of Rental (Example: Ocean Beach Getaway): \_\_\_\_\_

4. All Owners of property (Include any person with a legal interest if more than 2, provide an additional document).

Table with 3 columns: Name, Address, Phone. Includes blank lines for data entry.

5. Required Local Agent - City of Rockaway Beach Ordinance #22-442 requires a local agent who will be available via phone and/or able to respond in-person to the short-term rental within thirty (30) minutes if needed. The owner or local agent shall maintain a telephone number listed within the rental unit and at the City by which to be reached 24 hours a day, 7 days a week, year-round. (Even if owner is the responder, still complete the below).

Property Management Company (if applicable): \_\_\_\_\_

Required Responder Name: \_\_\_\_\_ Required Responder Phone: \_\_\_\_\_

Required Responder Email: \_\_\_\_\_

6. Off-Street Parking: \_\_\_\_\_ # of spots each 9' x 18' [ ] Exception: \_\_\_\_\_

Details of parking or exception (garage, driveway etc.): \_\_\_\_\_

7. Required Weekly Garbage Service provided by: [ ] R Sanitary Service [ ] Ecology Western Oregon

[ ] Other: \_\_\_\_\_

**Required attachments to submit with application. See the F.A.Q. sheet for additional information on each of the below if needed. We will not accept incomplete applications.**

- ( ) Image of house number or address identifier is visible from the street. (Image to be taken from street).
- ( ) Image of required identification sign posted on property and visible from the street. (Image to be taken from the street).
- ( ) Close up image of identification sign including short-term rental license number, email address and a contact telephone number for the owner or local agent. (Leave license number blank if new application).
- ( ) Parking Plan Diagram Notice outlining the required off street parking provided within the rental that identifies the number and location of off-street parking spaces for renters. (See F.A.Q. sheet for required information on the notice and examples).
- ( ) Statement of liability insurance coverage from insurance company.

**BY MY SIGNATURE(s):**

1. I certify that the information on this application is accurate and that I will notify the City of Rockaway Beach should there be any changes in this application, including ownership and/or local contact person.
2. I state my understanding that is illegal to rent or to advertise for rent on a short-term basis this or any other property inside the City of Rockaway Beach without first obtaining and posting a current City of Rockaway Beach Short Term Rental License/Certificate of Authority as required in City of Rockaway Beach Ordinances #22-442
3. I agree to comply with all City of Rockaway Beach ordinances and regulations governing short term rentals and transient lodging taxes and acknowledge my understanding that failure to comply:
  - A. Shall result in fines as laid out in City of Rockaway Beach’s Civil Infractions Ordinance #22-442.
  - B. May result in the revocation of my short-term rental license following its issuance.

Owner Applicant Signature: \_\_\_\_\_

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

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**OFFICE USE ONLY**

**Total \$250.00 (valid 07/01 to 6/30)**

Application complete: \_\_\_\_\_ By: \_\_\_\_\_ Application Denied: \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_

Note: \_\_\_\_\_