



Permit Number

APPLICATION

SHORT TERM RENTAL

Required Attachments

Your application **will not be accepted** if any of the below items are missing or incomplete. Incomplete applications will be returned and any paid fees are nonrefundable. Applications are processed within ten business days. To check the status of a permit, please email permits@cityofkennedale.com and include the property address and permit type.

- Register for local HOT collection with Finance Department
- Dimensioned floor plan showing bedrooms, other living space, and emergency evacuation safe routes
- Proof of insurance with policy of \$1 million per occurrence
- Site plan showing structure on lot with labeled adjacent streets and all parking spaces
- Copy of proposed host rules for STR (if any)
- Links to all web listings of property

Property Owner Information

Owner Name: _____

Owner Phone: _____ Owner Email: _____

Operator Information *(Serves as primary contact for this permit)*

Operator Name: _____

Operator Phone: _____ Operator Email: _____

Project Information

Property Address: _____

Number of bedrooms: _____ Total square footage of STR: _____ Number of parking spaces: _____

Advertising or hosting agency: _____ Link to listing: _____

Owner Agreement

By signing below, I acknowledge that I have read and completed all applicable requirements. I understand that if I have submitted an incomplete or false application, my application may be rejected and that the fee is nonrefundable.

Signature of Owner: _____ Date: _____

Operator Agreement

Must be available by phone or in person at all times while occupants are on premises and if called must be present at premises within one hour. By signing below I agree to these terms.

Signature of Operator: _____ Date: _____

For Office Use Only		
Completeness Check		
Application form completely filled and signed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Attached plans? (should be at least 2 different plans)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Attached proof of insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fee paid?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
City HOT Registration Number:	_____	
Sign _____	Date _____	
Planning and Zoning Review		
Property zoning: _____		
Does property meet parking requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is property more than 500ft from other STRs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Submitted complete site and floor plans?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sign _____	Date _____	



FOR INTERNAL USE ONLY

DATE RECEIVED: _____

SUBMITTED TO FINANCE DIRECTOR: _____

CITY HOT REGISTRATION NUMBER: _____

CITY OF KENNEDALE HOTEL OCCUPANCY TAX (HOT) REGISTRATION

Pursuant to KENNEDALE CODE OF ORDINANCES CHAPTER 11, ARTICLE XXI (VIA ORDINANCE 526), any person engaging or about to engage in business as a provider of lodging within the incorporated limits of the City of Kennedale shall immediately register with the Finance Director via this provided form. Persons engaged in such business must register not later than thirty (30) days after the effective date of the Ordinance 526 (July 13, 2013) or thirty (30) days after offering the lodging establishment for rent (whichever is earlier). Such registration shall set forth the name under which such person transacts business or intends to transact business, the location of his place(s) of business and such other information which would facilitate the administration of the tax as prescribed by the City. The registration shall be signed by the owner (if a natural person); by a member (in case of ownership by an association or partnership); or by an officer (in case of ownership by a corporation). The City shall, after such registration, be authorized to collect a Hotel Occupancy Tax (HOT) from the owner or establishment. A separate registration shall be required for each place of business of a lodging provider. Each certificate shall state the name and location of the business to which it is applicable.

LODGING ESTABLISHMENT INFORMATION

Lodging Establishment Name: _____

Lodging Establishment Location: _____

Federal Tax ID / SSN: _____ Number of Rentable Rooms: _____

Type: Hotel Motel Resort B&B Other _____
(PLEASE DESCRIBE)

	SINGLE	DOUBLE	NOTES
Daily Rates			
Weekly Rates			
Monthly Rates			
Other Rates			

CONTINUED ON NEXT PAGE>>>

OWNER INFORMATION

Owner Name: _____

Owner Phone: _____

Owner Mailing Address: _____

Owner Email: _____

CONTACT INFORMATION (IF DIFFERENT FROM ABOVE)

Contact Name: _____

Contact Title: _____

Contact Phone: _____

Contact Mailing Address: _____

Contact Email: _____

ACKNOWLEDGMENT

Contact Name: _____

Title: _____

Signature: _____ Date: _____

SUBMIT ORIGINAL FORM (IN PERSON OR VIA MAIL) TO:

CITY OF KENNEDALE, ATTN: FINANCE DIRECTOR, 405 MUNICIPAL DRIVE, KENNEDALE, TEXAS 76060

RETAIN A COPY FOR YOUR RECORDS. FOR FURTHER INFORMATION ON THE CITY OF KENNEDALE'S HOTEL OCCUPANCY TAX (HOT), PLEASE VISIT CITYOFKENNEDEALE.COM/HOT OR CALL 817-985-2105.