

Applicant Signature ___

TOWN OF SCHERERVILLE 10 E. JOLIET ST. SCHERERVILLE, IN 46375 219-322-2211 / FAX 219-865-5504

| Received by: |
|--------------|
| Date: |

SHORT-TERM RENTAL PERMIT APPLICATION APPLICATION FEE \$150.00

| ADDRESS OF SHORT-TERM RENTAL PROPERTY | | |
|--|---|--|
| PROPERTY OWNER INFORMATION | | |
| Property Owner Name | | |
| Street Address | | |
| Mailing Address (if different from street address) | | |
| Phone NumberEmail | | |
| Is the Owner a Corporation or Partnership? YES NO State of incorporation/partnership | | |
| Name of Corporation/Partnership | | |
| Names of Principal Officers/Partners | | |
| Residence Addresses_ | | |
| Phone Numbers of Principal Officers/Partners | | |
| | | |
| PROPERTY MANAGERS INFORMATION (IF APPLICIABLE) | | |
| Property Managers Name | | |
| Street Address | | |
| Mailing Address (if different from street address) | | |
| Phone NumberEmail | | |
| | | |
| PROPERTY DISCRIPTION | | |
| The advertised occupancy limit of short-term rental | THE SHORT-TERM RENTAL IS | |
| | A Single-Family Home A dwelling unit in a Single-Family Home | |
| | A dwelling unit in a Two-Family or Multi-Family | |
| | dwelling | |
| | A dwelling unit in a condominium, cooperative, or time share. | |
| Insert the property rental listing link for each platform (if applicable). | | |
| AIRBNB LINK | | |
| VRBO LINK | | |
| OTHER | | |
| *Please attach a document of the house rules for property as listed on each platform (optional) | | |
| *If any information provided by an owner to a unit in the permit application changes, the owner shall provide updated information to the Planning & Building Department within thirty (30) business days after the change. | | |

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