



SHORT TERM RENTAL PERMIT APPLICATION

Community Development Department

VILLAGE OF LOS LUNAS
660 Main Street NW
Los Lunas, NM 87031
(505) 839-3842

1. OPERATOR / INFORMATION

Operator(s) _____ Phone _____
 Mailing Address _____ city _____ state _____ zip _____
 Email address _____
 Are you the property owner? yes no **If no, please complete the following section:**
 Property owner(s) _____ Phone _____
 Mailing Address _____ city _____ state _____ zip _____
 Email address _____

2. PROPERTY INFORMATION

Property Identification Number (UPC) _____
 Address or Location _____
 Structure type: Single Family Dwelling Duplex Accessory Dwelling Unit Multifamily Unit Other
 Portion of structure to be rented _____
 Number of persons currently living at the property _____
 Maximum number of vehicles allowed to be parked on the property (Must be compliant with Section 17.60.10 of the Municipal Code) _____

3. ACKNOWLEDGMENTS

- Initials:** _____ I agree that this short term rental shall be operated in compliance with Section 17.54.010 and all other applicable Village Codes
- Initials:** _____ I the owner/operator will be available twenty-four hours per day, seven days per week to respond to complaints regarding the operation or occupancy of the short-term rental unit.
- Initials:** _____ I have reviewed, in its entirety, the Village of Los Lunas Short Term Rental Ordinance. (Section 17.54.020).
- Initials:** _____ I acknowledge the requirement to permit the Village of Los Lunas to conduct random inspections of a short-term rental in accordance with section 17.54.020(l).
- Initials:** _____ I will include my short-term rental permit number in all advertising.
- Initials:** _____ I will register my short-term rental business with the Village of Los Lunas and will submit the appropriate Lodger's Tax.
- Initials:** _____ I understand that failure to comply with applicable regulatory standards may result in fines and revocation of permit.

Applicant name _____ Signature _____ Date _____

OFFICE USE ONLY

| DATE RECEIVED | PERMIT # |
|---|-----------|
| Business Registration Number: _____ Property Zoning: _____ | |
| Number of STRs On same street: _____ same owner: _____ same operator: _____ | |
| APPROVED BY: _____ APPROVED DATE: _____ | |
| INITIAL APPLICATION FEE _____ | \$ 100.00 |
| RENEWAL APPLICATION FEE _____ | \$ 50.0 |
| LATE FEE: _____ | \$ 50.0 |
| TOTAL FEES | \$ |

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Documents Required

- CERTIFICATE OF OCCUPANCY
- SHORT TERM RENTAL INSURANCE
- PROOF OF REQUIRED INSPECTIONS
- BUSINESS REGISTRATION
- PROOF OF OWNERSHIP
- PROPERTY SITE PLAN *(Include Parking, RVs Parking, Floor Plan, Fire Safety Plan, etc.)*