City of Clear Lake Shores

1006 South Shore Drive Clear Lake Shores, Texas 77565
Phone: 281-334-2799 Fax: 281-334-2866
www.clearlakeshores-tx.gov

SHORT TERM RENTAL PERMIT APPLICATION

BUSINESS/APPLICANT NAME: _____ **RENTAL ADDRESS:** _____

OWNERSHIP TYPE: ☐ SOLE PROPRIETORSHIP ☐ CORPORATION ☐ OTHER
☐ GENERAL PARTNERSHIP ☐ LLC/LLP

BUSINESS START DATE:	FEIN:
TX TAX ID:	

OWNER

OWNER NAME:	PHONE:
MAILING ADDRESS:	EMAIL:
24HR CONTACT NAME:	24HR CONTACT NUMBER:
24HR CONTACT EMAIL:	24HR CONTACT ADDRESS:

OPERATOR/MANAGEMENT COMPANY

COMPANY NAME:	CONTACT NAME:
MAILING ADDRESS:	PHONE:
EMAIL:	
24HR CONTACT NAME:	24HR CONTACT NUMBER:
24HR CONTACT EMAIL:	24HR CONTACT ADDRESS:

ZONING

ZONING DISTRICT:	NUMBER OF SLEEPING ROOMS:
SQ FT OF HOUSE:	
OCCUPANCY LIMIT:	

REQUIRED FOR SUBMITTAL:
- ☐ Parking Diagram
- ☐ Copy of ALL advertisements
- ☐ List of ALL websites used to advertise

IS THE STR THE PRINCIPAL RESIDENCE OF THE OWNER? ☐ YES ☐ NO

***I HAVE READ AND UNDERSTAND THE REGULATIONS GOVERNING SHORT-TERM RENTALS IN THE CITY OF CLEAR LAKE SHORES:**

_____
OWNER NAME (PRINT) OWNER NAME (SIGN) DATE

_____
OPERATOR/MGMT CO NAME (PRINT) OPERATOR/MGMT CO NAME (SIGN) DATE

***Any property owner delinquent and/or owing the City of Clear Lake Shores fees to include but not limited to, occupancy tax, will be prohibited from registering a Short-Term Rental until such time as payment or acceptable resolution is approved by the City of Clear Lake Shores Finance Department.**

TO BE COMPLETED BY OFFICE

DATE RECEIVED:	DATE OF INSPECTION:
CONFIRMED DAYTIME OCCUPANCY:	CONFIRMED OVERNIGHT OCCUPANCY:
PAYMENT TYPE:	DATE APPROVED:

INSPECTION NOTES: _____

_____
Building Official Signature