

DATE OF SUBMISSION: _____

**TOWN OF SPEEDWAY
5300 CRAWFORDSVILLE RD.
SPEEDWAY, IN 46224**

SHORT TERM RENTAL PERMIT APPLICATION

SECTION A

NAME OF PROPERTY OWNER: _____

SHORT TERM RENTAL ADDRESS: _____

- I ACKNOWLEDGE THAT THIS PERMIT APPLIES TO UNITS WITH PEOPLE RESIDING FOR TERMS OF LESS THAN THIRTY (30) DAYS PER THE DEFINITION OF SHORT TERM RENTAL IN IC 36-1-24-6. OWNER'S RENTING UNITS FOR THIRTY (30) DAYS OR LONGER WILL NEED TO OBTAIN A LANDLORD LICENSE.

IS THIS PROPERTY A...

- SINGLE FAMILY HOME
 DWELLING UNIT WITHIN A SINGLE FAMILY HOME
 A DWELLING UNIT IN A TWO FAMILY OR MULTI-FAMILY DWELLING
 A DWELLING UNIT WITHIN A CONDOMINIUM, COOPERATIVE, OR TIME SHARE

RENTAL PLATFORMS (AIRBNB, VRBO, ETC.): _____

MAXIMUM OCCUPANCY FOR RENTAL: _____

HOW IS THIS PROPERTY BEING ADVERTISED (INCLUDING TYPE, E.G. SINGLE FAMILY, UNIT IN A CONDO, ETC.?)

OWNER'S RESIDENTIAL ADDRESS: _____

OWNER'S MAILING ADDRESS: _____

OWNER'S E-MAIL ADDRESS: _____

IS THE OWNER A CORPORATION OR PARTNERSHIP?

- YES (PLEASE PROCEED SECTION B)
- NO (PLEASE PROCEED TO SECTION C)

SECTION B

STATE OF INCORPORATION/ORGANIZATION: _____

YEAR INCORPORATED/ORGANIZED: _____

NAMES OF PARTNERS AND CORPORATE OFFICERS

(A PHOTO ID IS REQUIRED FOR EACH PARTNER/OFFICER)

NAME: _____
RESIDENCE: _____
MAILING ADDRESS: _____
E-MAIL ADDRESS: _____
PHONE NUMBER: _____

NAME: _____
RESIDENCE: _____
MAILING ADDRESS: _____
E-MAIL ADDRESS: _____
PHONE NUMBER: _____

NAME: _____
RESIDENCE: _____
MAILING ADDRESS: _____
E-MAIL ADDRESS: _____
PHONE NUMBER: _____

NAME: _____
RESIDENCE: _____
MAILING ADDRESS: _____
E-MAIL ADDRESS: _____
PHONE NUMBER: _____

THE APPLICANT MUST PROVIDE PROOF OF GOOD STANDING WITH THE TOWN OF SPEEDWAY. THIS INCLUDES PAYMENT OF TAXES, UTILITY BILLS, AND ANY OUTSTANDING FINES/FEES.

SECTION C

IS A PROPERTY MANAGER BEING USED AT THIS RENTAL?

- YES (PLEASE PROVIDE INFORMATION BELOW)**
- NO (PLEASE PROCEED TO SECTION D)**

PROPERTY MANAGER NAME: _____

PROPERTY MANAGER RESIDENCE: _____

MAILING ADDRESS: _____

E-MAIL ADDRESS: _____

SECTION D

**PLEASE PROVIDE A STATE ISSUED PHOTO I.D. OF THE OWNER (OR
CORPORATE AGENT, PARTNERS, OR PROPERTY MANAGER IF APPLICABLE)
BELOW**

SECTION E

EMERGENCY CONTACTS MUST...

- **ALWAYS BE AVAILABLE TO ACCEPT CALLS WHILE PROPERTY IS RENTED**
- **POSSESS A KEY TO THE RENTAL PROPERTY WITHIN THREE (3) HOURS TO ADDRESS ANY ISSUES OR AN ENTRANCE CODE FOR A UNIT WITH REMOTE/KEY-LESS ACCESS**

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE NUMBER: _____

EMERGENCY CONTACT E-MAIL ADDRESS: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE NUMBER: _____

EMERGENCY CONTACT E-MAIL ADDRESS: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE NUMBER: _____

EMERGENCY CONTACT E-MAIL ADDRESS: _____

WITH SIGNATURE AFFIXED BELOW, THE APPLICANT CERTIFIES THE ACCURACY OF ALL INFORMATION CONTAINED IN THE APPLICATION AND STATES THAT HE/SHE AGREES TO CONDUCT, MAINTAIN, AND SUPERVISE ALL RENTAL UNITS SO AS TO MAINTAIN THE CHARACTER OF THE SURROUNDING NEIGHBORHOOD AND THAT THE APPLICANT HAS OR WILL IMPLEMENT POLICIES AND PROCEDURES THAT CONFORM TO THEIR RENTAL PLATFORM'S TERMS AND SERVICES AND ARE REASONABLY CALCULATED TO ENSURE THAT NO ILLEGAL CONDUCT OR PRACTICE WILL TAKE PLACE IN THE RENTAL UNIT OR ON ITS PREMISES.

SIGNATURE: _____

PRINTED: _____

DATE: _____