

City of Bemidji
Short-Term Rental License Renewal Application

OFFICE USE ONLY
Complete App. Rec'd _____
Date Licensed _____
License Number _____
Comments _____

Please complete this application carefully and completely. PLEASE PRINT. Failure to fill in all of the required information may result in a delay of processing or rejection of your application.

A fee of \$ 500 made payable to the **City of Bemidji** must accompany this application.

Section A: Completed by Applicant

Has any aspect of your Short Term Rental physically changed since the last time you were granted a rental permit? This includes but is not limited to: number or type of parking spaces, number of bedrooms, interior or exterior reconfigurations, septic system, etc.

YES* **NO** **(if "Yes", please use initial permit application instead)*

Date: _____
Parcel No.: _____
Owner's Name(s): _____
Mailing Address: _____
Street Address of STR: _____
Owner Phone #: _____ Owner Email: _____
Will the Owner or Local Contact/Agent be within a thirty (30) minute drive of the property when guest(s) are present? <input type="checkbox"/> YES <input type="checkbox"/> NO What would the average travel time be? _____
Have you been in contact with Minnesota Department of Health? <input type="checkbox"/> YES <input type="checkbox"/> NO*
Do you have a current MDH license for the property? <input type="checkbox"/> YES <input type="checkbox"/> NO* MDH License # _____
* A 'No' to any of the above four questions indicates that your application package is incomplete
Has any of the contact information for you or the Local Contact/Agent changed in the last year? <input type="checkbox"/> YES** <input type="checkbox"/> NO
**Please attach a current "Authorized Agent / Contact Consent Form"

ALL APPLICANTS MUST SIGN BELOW

I hereby certify that I am the owner or authorized agent of the owner of the above-described property and that all uses will conform to the provisions of the City of Bemidji City Code. I further certify that I will comply with all conditions placed upon this permit should this application be approved. Intentional or unintentional falsification of this application or any attachments thereto will serve to make this application and any resultant permit invalid. I also authorize City staff to inspect the property during review of this application or upon complaint during reasonable times of the day.

OPERATION OF A SHORT-TERM RENTAL WITHOUT A LICENSE IS A VIOLATION OF THE LAW

Owner: _____

Authorized Agent: _____

Date: _____

OFFICE USE ONLY

Reviewed by _____ Date _____ Complete Application Yes No

Approved Yes No



Authorized Agent / Contact Consent Form

Section A: Authorized Agent / Contact Information

Note:

1. THIS FORM IS FOR USE ALONGSIDE CERTAIN PLANNING REQUESTS. IT CANNOT BE USED FOR OBTAINING CITY BUILDING PERMITS.
2. Form must be legible and completed in ink.
3. Check appropriate box(es). Write any specific restrictions for the checked item(s) in the space provided (e.g. “valid only for permit applications submitted between 06/01/2024 and 08/01/2024”) or attach a separate sheet titled “Attachment: Restrictions” and write “see attached” below. If you want your agent to represent you on a plat, interim use permit, conditional use permit or variance application and also be authorized to obtain the related land-use and/or septic permit(s), be sure to complete the “permit application” section as well. If an item’s box is checked and the accompanying space is left blank, the authorization granted on that item is valid for a period of one year from the date of signature, or until City staff receive written notification from the property owner(s) stating otherwise, or the property ownership changes.

I (we), _____ hereby authorize _____ to act
(Landowner, print) (Agent, print)
as my (our) agent on the following item(s): *complete the appropriate item(s)*

Permit application Land Use SSTS Fence Sign Environmental Alteration

Short-Term Rental Other: _____

(Write in restrictions): _____

Plat application: _____

Interim/Conditional Use Permit application: _____

Variance application: _____

Development Agreement: _____

on my (our) property located at:

Tax Parcel Number(s): _____

Physical Site Address: _____

Agent / Contact Information

Agent address: _____
Street City State Zip Code

Agent Name(s): _____

Agent phone #: _____ Agent email address: _____

Section B: Short-Term Rentals; Contact Consent Form

Note: This section only applies to short-term rental licenses

Local Contact & Authorized Agent Consent.

As the Authorized Agent and Local Contact, you agree to the following terms as stated in the short-term rental ordinance.

- Authorize the City of Bemidji to contact you and release your contact information to the property owners within the required notification range of the above short-term rental property.
- Consent to be the contact for complaints from said property owners, local government staff, and local law enforcement 24 hours a day.
- Understand that you shall record, report, and rectify the complaints for this short-term rental.
- The property owner and Local Contact & Authorized Agent of the short-term rental must notify City staff within ten (10) days of a change in Local Contact and a new Authorized Agent form must be signed.
- Must reside within 30 minutes of the short-term rental.
- Consent to following and maintaining the short-term rental in accordance with all conditions placed on the permit.

This form runs with the length of the short-term rental permit and expires on December 31st of that year. Reauthorization must be filed within 30 days before end of term.

Section C: Signatures for all sections

Property Owner(s) Signature(s)

Date

Local Contact & Authorized Agent Signature

Date