

**CITY OF LONG BEACH, MISSISSIPPI  
APPLICATION FOR SHORT-TERM RENTAL**

**PHYSICAL ADDRESS:**  
201 JEFF DAVIS AVENUE  
LONG BEACH, MS 39560

PHONE: (228) 863-1554  
FAX: (228) 863-1558

**MAILING ADDRESS:**  
POST OFFICE BOX 929  
LONG BEACH, MS 39560

**PROPERTY INFORMATION:**

ADDRESS: \_\_\_\_\_ Tax Parcel # \_\_\_\_\_  
(Location of Short-Term Rental)

**OWNER'S INFORMATION:**

Property Owner's Name: \_\_\_\_\_

Property Owner's Address: \_\_\_\_\_

Property Owner's Mailing Address, if different from above: \_\_\_\_\_

City State Zip

Property Owner's Phone No: \_\_\_\_\_ Email Address: \_\_\_\_\_

Is there a homeowner's association for the neighborhood? \_\_\_\_\_ If so, please provide written statement of support of short term rental?

**PROPERTY MANAGER INFORMATION:**

Property Manager's Name: \_\_\_\_\_

Property Manager's Address: (Must be a local contact) \_\_\_\_\_

City State Zip

Property Manager's Phone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING:**

- Mississippi Sales Tax ID # \_\_\_\_\_
- Recorded Warranty Deed \_\_\_\_\_
- Parking Rules & Plan \_\_\_\_\_
- Trash Management Plan \_\_\_\_\_
- Copy of Proposed Rental Agreement \_\_\_\_\_
- Proof of Liability Insurance, which included short term rental coverage \_\_\_\_\_

**ADDITIONAL INFORMATION:**

- OWNERSHIP: Please provide a recorded warranty deed
- FEES: \$200, nonrefundable application fee, plus mailing cost. \$100, yearly renewable fee. Checks should be made payable to the City of Long Beach.
- LICENSE: A Privilege Tax License must be applied and paid for after approval (\$20/yearly fee).
- INCOMPLETE APPLICATIONS will not be processed.

**AFFIDAVIT**

I HEREBY CERTIFY THAT I HAVE READ THIS APPLICATION AND THAT ALL INFORMATION CONTAINED HEREIN TRUE AND CORRECT; I ACKNOWLEDGE RECEIPT OF AND AGREE TO COMPLY WITH THE RULES & REGULATIONS OF SHORT TERM RENTALS (Ord 622), ALL APPLICABLE CODES, ORDINANCES AND STATE LAWS. VIOLATION OF ANY CODES OR REGULATIONS SHALL RESULT IN THE SUSPENSION OR REVOCATION OF THE PERMIT.

PRINT NAME

SIGNATURE

DATE

**BELOW IS FOR OFFICE USE ONLY**

Maximum Occupancy:	Maximum Vehicles allowed:	Number of bedrooms:	Number of people home can accommodate:
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I AFFIRM THAT THE APPLICANT IS IN COMPLIANCE WITH ALL APPLICABLE ZONING REQUIREMENTS, BUILDING & FIRE CODES; AND THAT ALL APPLICABLE TAXES, FEES AND OTHER CHARGES HAVE BEEN PAID.

Building Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fire Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

Date Received: _____
Agenda Date: _____
Amount Due/Paid: _____
Check #: _____