

**PLEASE COMPLETE AND
SUBMIT WITH PAYMENT**

City of Rainier
P.O. Box 100
Rainier, OR 97048

Short Term Rental Business License Application

Calendar Year: _____

Property Owner Name(s): _____

Mailing Address: _____
Street/ PO Box City State Zip Code

Vacation Rental Address: _____

Property Owner Phone: _____ Alternate Phone: _____

Rental Manager Name: (must reside in Columbia County): _____

Street Address City State Zip Code

**Annual Fee
January 1st through December 31st**

Rental
\$45.00

\$ _____

Penalty
\$15.00 (Renewals received after January 31)

\$ _____

Total Amount Submitted with Application

\$ _____

Rental Owner Disclaimer

I certify I have read, understand, and agree to comply with City of Rainier, Oregon Ordinance 1080 "Regulations for Vacation Rental Dwelling" and that the information I have provided is true and accurate to the best of my knowledge. Upon submittal of application, the City will send notice to all neighbors within 200 feet of the applied for vacation rental. There is a 15 day wait period for neighboring property owners to submit an appeal. You will be notified if the City of Rainier receives an appeal.

I understand this agreement will become null and void when the City of Rainier receives a written termination request.

Notice:

Acceptance of business license application does not certify that applicant has complied with all City Code provisions.

Signature of Applicant: _____

City Use Only

Date Received _____ Receipt #: _____