



## City of Travelers Rest Short-Term Rental Registration Form

County TMS/Parcel ID #: \_\_\_\_\_

Address of Short-Term Rental property: \_\_\_\_\_

Number of bedrooms: \_\_\_\_\_

Number of onsite parking spaces: \_\_\_\_\_

Maximum occupancy (limited to 2 people per bedroom or 8 guests total): \_\_\_\_\_

Property Owner(s) Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Is the unit owner occupied: \_\_\_\_\_ yes \_\_\_\_\_ no. If no, please list person in charge below.

Person in charge: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Property Owner(s) Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

By signing this registration form, I certify that I am Owner/Person in charge for this short-term rental and that all information provided is true. If any information is found to be incorrect or falsely stated that the registration will be null and void and that I may be responsible for violation of other related state laws and local ordinances. Furthermore, by signing this registration form, I acknowledge that I have read Ordinance O-18-20 and that I fully understand all of the requirements of such ordinance and will comply with all requirements of the ordinance.

**Return one form for each rental unit along with \$250.00 registration fee to: City of Travelers Rest, 125 Trailblazer Drive, Travelers Rest, SC 29690 or [permits@travelersrestsc.com](mailto:permits@travelersrestsc.com).**