## SHORT TERM VACATION RENTAL (STVR) UPDATE FORM Fee is non-refundable

Business Name:	
Business Address:	
Telephone/Cell:Fax:	t
Manager's Name:	_Mgr. Tel:
Name of Owner:	Owner Tel:
Email Address:	
Mailing Address:	
Emergency Contact:	
Emergency Contact Tel No.:	
Current Number of Rooms:	
Maximum Occupancy:	
	Signature
	Date
OFFICE USE ONLY:	
Date submitted:	
STVR Receipt #	
APPROVED/DISAPPROVED BY:	
Code Enforcement: Approved Partial Approval	Disapproved
Signature:	Date:
Village Manager: Approved Partial Approval _	Disapproved
Signature:	Date: