



Account Number _____

Short-Term Rental Application

Finance Department • P.O. Box 45017 • Fresno, CA 93718-5017 • Fresno City Hall • 2600 Fresno St., Rm 2162 • Fresno, CA 93721

Phone: (559) 621-6880 / FAX: (559) 457-1202 Hours: Monday – Friday 9:00 a.m. – 4:30 p.m.

NOTICE: Before you apply for a short-term rental, you are required to obtain a zone clearance for your business location from the City of Fresno Planning & Development Department. Please contact the Planning & Development Department to begin the approval process at its location in Fresno City Hall, 2600 Fresno St Room 3043, Fresno CA. You may also contact the department at (559) 621-8277 or visit its web site at <https://lmsaca.fresno.gov/citizenAccess>. It is your responsibility to check with the Fresno Police and Fire Departments to determine any additional requirements for your business in your proposed location.

1. Business Name: _____
If a business name is not used, enter owner's name

Corporation name (if applicable)

2. Email Address: _____

3. Date Opened: _____ / _____ / _____ (date business began operating in the City of Fresno)
Month Day Year

4. Business Location: _____
Physical street address Unit #

City State Zip Code Business Phone #

5. Mailing Address: _____
Street Address/P.O. Box Unit# Attention

City State Zip Code

6. Ownership Type: (mark all that apply) Sole Proprietor Partnership Corporation # _____ LLC# _____

Ownership Info:	(Circle One) Owner / Partner / President		(Circle One) Co-Owner / Partner / Vice Pres. / Etc.	
	Full Name			
Complete Residential Address (include zip)				
Telephone	Home:	Cell:	Home:	Cell:
Date of Birth				
Driver's License No.				

If additional partners/owners exist, please attach a separate list with the above info included

_____ The zone clearance document is attached
Initial to this application.

_____ I will contact the Business Tax Division
Initial if there are any changes to this account

I hereby certify under penalty of perjury under the laws of the State of California that the above information is correct, and I am an authorized representative of this business. I agree to conduct all phases of this business in conformance with all applicable laws, ordinances, and regulations established for such business/profession.

Signature _____ Title _____

Printed Name _____ Date _____