



Account Number \_\_\_\_\_

## Short-Term Rental Application

Finance Department • P.O. Box 45017 • Fresno, CA 93718-5017 • Fresno City Hall • 2600 Fresno St., Rm 1096 • Fresno, CA 93721

Phone: (559) 621-6880 / FAX: (559) 457-1080 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: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year (date business began operating in the City of Fresno)

## 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)	(Circle One)
	Owner / Partner / President	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**\_\_\_\_\_  
Initial The zone clearance document is attached  
to this application.\_\_\_\_\_  
Initial I will contact the Business Tax Division  
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 \_\_\_\_\_