

TOWN OF LEXINGTON
APPLICATION FOR SHORT TERM RENTAL REGISTRATION

1. Statement of Ownership and Interest

The Applicant(s) _____

Is/are the owners of property located at Tax Map # (*see below) _____

The Applicant(s) Mailing Address is _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Emergency Contact Name (must be reachable in an emergency if you are unavailable and must be no more than 30 miles from the rental property) _____

Emergency Contact Phone Numbers-Home Phone _____ Cell Phone _____

911 Address of Short Term Rental Residence _____

Number of Bedrooms _____ Number of Bathrooms _____

Maximum Number of Occupants that can sleep in the rental property _____

2. Site Visit

During Application Review CEO will conduct a Site Visit.

3. Declaration

I/We declare that the statements contained herein are true and I/We have not knowingly or willfully given a false statement or false information or omitted information in connection with this application.

Signature of Owner(s) _____ Date _____

**SUBMIT \$250 REGISTRATION FEE WITH THIS FORM. PLEASE MAKE CHECK
PAYABLE TO THE TOWN OF LEXINGTON**

Effective May 1, 2021

*Your Tax Map # can be found on your tax bill or on-line by going to:

<https://egov.basgov.com/townoflexington/>

Simply enter your last name on the form where it says, "Owner name" and press search.

FOR OFFICE USE ONLY

Tax Map # _____

Date Received _____

Fee Received (Date & Check #) _____

Referral to CEO (Date) _____

CEO Inspection Date _____

911 Address _____

Zoning District _____

School District _____

CEO Approval Date (if applicable) _____

CEO Denial Date (if applicable) _____