

**Short-Term Rental License Application Form**  
**Township of Arcadia, Manistee County**  
**3422 Lake Street PO Box 318, Arcadia, Michigan 49613**

Please return completed form to PO Box 318 Arcadia, MI 49613  
or email to [clerk@townshipofarcadia.org](mailto:clerk@townshipofarcadia.org)

**Short-Term Rental Information**

Rental Dwelling Address: \_\_\_\_\_

Property Tax ID #: \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_ Maximum Number of Occupants: \_\_\_\_\_

Number of On-Site Parking Spaces: \_\_\_\_\_

**Local Contact Information** *(Within 50 miles of the Short-Term Rental)*

Name: \_\_\_\_\_

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

Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Owner Information** *(List all owners of the property)*

Include the name, mailing address, phone number and email address of each person. You may provide this information for multiple owners on separate sheet(s). For any corporation, partnership, LLP, LLC or other business entity, provide a separate list of all persons or other business entities with an ownership or financial interest in the Owner and identify the primary individual officer or managing member of that entity.

Note: where the owner of the short-term rental building is not the same as the owner of the premises on which the building is located the required information shall be provided for both owners and the registration form shall be date-signed by both owners.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Mailing Address if Different: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

An inspection of the STR property will be conducted prior to a license being issued. The Township will contact the owner or primary contact to schedule the inspection after receiving this application and the \$200 non-refundable application fee:

Requirements for Inspection:

- Inspectors will confirm bedroom, occupancy, and parking items listed in application.
- This STR has working (and not expired) "Class ABC" fire extinguishers on each floor.
- This STR has functioning smoke detectors on each floor.
- This STR has functioning carbon monoxide detectors on each floor.
- This STR has egress from each bedroom to the exterior of the dwelling unit.
- This STR is insured.
- Owner agrees to provide "Good Neighbor Guidelines" to all renters.

Additional information:

This STR is registered with one or more vacation rental companies.

Company names/websites:

\_\_\_\_\_  
 This STR is not registered with a vacation rental company.

SIGNATURES:

I (we), agree the statements made above are true and accurate, and if found not to be true, any Short-Term Rental (STR) license that may be issued may be revoked. Further, I agree any license that may be issued is with the understanding that all applicable sections of the Township of Arcadia Zoning Ordinance will be complied with. Further, I understand that it is my obligation to notify the Township of Arcadia of any and all changes regarding this document.

Property Owner's Signature \_\_\_\_\_

Date \_\_\_\_\_

Contact Person Signature \_\_\_\_\_

Date \_\_\_\_\_

NOTES:

- Completion of this form does not constitute approval of a short-term rental license.
- Upon approval of a license, written acknowledgement will be mailed to the address listed on this form.
- License applications will be processed no later than March 31, 2024, for the license year of 2024.

Date License Ap Received (office use only) \_\_\_\_\_

Check Number \_\_\_\_\_ Date Check Received \_\_\_\_\_