

**Short-Term Rental Registration 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
by August 30, 2023

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: _____

I hereby attest that the information on this application form is true and accurate.