

<input type="checkbox"/> <b>INITIAL REGISTRATION</b> (\$300. PER UNIT)  OR  <input type="checkbox"/> <b>RENEWAL</b> (\$200. PER UNIT)	<b>SHORT TERM RENTAL REGISTRATION</b> ***** <b>BOROUGH OF STROUDSBURG</b> <b>700 SARAH STREET</b> <b>STROUDSBURG, PA 18360</b> Phone (570) 421-5444 Fax (570) 421-2690 <a href="http://www.StroudsburgBoro.com">www.StroudsburgBoro.com</a> Please Print Additional Forms From Website	<b>*OFFICE USE ONLY*</b> PAYMENT INFO  AMOUNT: \$ _____ CHECK #: _____ DATE: _____ REC'D BY: _____
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**Property Information**

Address of Owned Property:		<b>**REQUIRED**</b>
If your property has multiple street addresses, please use a DIFFERENT form for EACH ADDRESS.		

**Property Owner Information**

Owner Name:		
Mailing Address:		
Phone Number:		E-mail:
<b>LOCAL CONTACT PERSON</b>	<i>The local contact person must reside in or have an office within 15 miles of the Short Term Rental Property Unit and must have 24 hour availability.</i>	
Property Manager Name:		
Phone Number:		E-Mail:

**State and County Taxes**

Monroe County Hotel Room Excise Tax Certificate #:
PA Sales Tax #:

Number of Short Term Rental Units At This Address: _____			
UNIT # _____	Sleeps How Many People? _____	Is Rented _____	Times per Year? (approx.) _____
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**\*\*\*\*Provide a photo or drawing showing designated on-site parking spaces for each unit.\*\*\*\***

**Property owners are required to read and abide by Borough of Stroudsburg Ordinance #1087 entitled "An Ordinance Establishing Certain License Criteria for Short-Term Rental of Residential Dwelling Units", enacted on May 5, 2020.**

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**I certify that the above information is true and accurate and that the Monroe County Hotel Room Excise Tax and the PA Sales Tax are being collected and reported as required.**

**I further understand that rental of this property CANNOT BEGIN until:**

- 1. The completed application, necessary documentation, and payment are received,**
- 2. An inspection is performed by the Zoning and Codes Department, AND**
- 3. A license is issued by The Borough of Stroudsburg.**

SIGNATURE / DATE	<input type="checkbox"/> PROPERTY OWNER <input type="checkbox"/> AUTHORIZED REPRESENTATIVE (Print Name)
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