



Application for Short-Term Rental Dwelling License

Chapter 675 of the Mission Municipal Code provides for the licensing and operation of Short-Term Rental Dwellings in the City of Mission. The Owner(s) (and Management Agent) of a Short-Term Rental Dwelling must comply with all aspects of the Short-Term Rental Dwelling Code.

Short-Term Rental Dwellings must be licensed by the owner prior to being rented. Each property must be licensed separately. An owner cannot license more than four (4) properties.

Property Information:

Address of Short-Term Rental Dwelling to Licensed:

Mission Street Address

Number of Units On the Property to Rented: _____

Number of Bedrooms Per Unit: _____

Owner of Short-Term Rental Dwelling to be Licensed:

If more than one, please provide the information below for each owner on a separate sheet of paper and submit with this application. If a partnership, the managing partner must complete. If a corporation, the chief operations officer must complete.

Name of Owner:

Print Name

Address of Owner:

Street Address (P.O. Box Not Acceptable)

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Driver's License Number: _____

State of Issuance: _____ Date of Birth: _____

The owner shall provide the name and contact information for a Management Agent that will have direct management control and responsibility for the Dwelling or Dwelling Unit(s) in the absence of the Owner:

Name of Management Agent:		

Print Name		
Address of Management Agent:		

Street Address (P.O. Box Not Acceptable)		
City: _____	State: _____	Zip Code: _____
Telephone Number: _____		
Driver's License Number: _____		
State of Issuance: _____	Date of Birth: _____	

All Short-Term Rental Dwellings must comply with the provisions outlined in Chapter 675 of the Mission Municipal Code. Failure to comply could result in a license not being issued, a licensed being suspended, or a license being revoked, and a possible fine and/or jail time. Please initial each requirement below as acknowledgement that you understand and will comply these.

- _____ (Initial) I certify that I am the owner of this property.
- _____ (Initial) I certify that I have read and understand Chapter 675 of the Mission Municipal Code pertaining to Short-Term Rental Dwellings.
- _____ (Initial) I certify that I have read the Short-Term Rental Good Neighbor Guidelines and that I will include such in listings for the Rental Dwelling Unit with online platforms such as Aibnb, VRBO, and others, as well as place a copy of such in a conspicuous place withing the Dwelling Unit.
- _____ (Initial) I certify that I will include a copy of this Short-Term Rental Dwelling License number in listings for the Rental Dwelling Unit with online platforms such as Aibnb, VRBO, and others, as well as place a copy of such in a conspicuous place within the Rental Dwelling Unit.

_____ (Initial)

I certify that I that I have completed, signed, and included with this application a Short-Term Rental Dwelling Unit Safety Check List.

I, the undersigned, do declare under penalty of false statement (a felony in the state of Kansas) that to the best of my knowledge and belief that the information provided here is correct and true. I, the undersigned, do also agree to notify the City Clerk of the City of Mission any changes within five (5) business days of such change.

Signature of Owner

Printed Name of Owner

Date

Application for a Short-Term Rental License must be notarized prior to being submitted to the City.

STATE OF KANSAS)
COUNTY OF JOHNSON)

_____, of lawful age, being first duly sworn, upon his/her oath states that he/she was the bearer of the above signature, and that he/she states to the best of their knowledge and belief the information provided herein is correct and true.

Subscribed and sworn before me on this _____ day of _____ 20____

Notary Public

My Commission Expires _____

I, the undersigned, do declare under penalty of false statement (a felony in the state of Kansas) that to the best of my knowledge and belief that the information provided here is correct and true. I, the undersigned, do also agree to notify the City Clerk of the City of Mission any changes within five (5) business days of such change.

Signature of Management Agent

Printed Name of Management Agent

Date

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STATE OF KANSAS)
COUNTY OF JOHNSON)

_____, of lawful age, being first duly sworn, upon his/her oath states that he/she was the bearer of the above signature, and that he/she states to the best of their knowledge and belief the information provided herein is correct and true.

Subscribed and sworn before me on this _____ day of _____ 20____

Notary Public

My Commission Expires _____

For Office Use Only

License Number: _____
Date Issued: _____
Fee Paid: _____