

**APPLICATION
MONROE COUNTY
PLANNING & ENVIRONMENTAL RESOURCES DEPARTMENT**



Request for a Special Vacation Rental Manager License

Vacation Rental Manager License Application Fee: \$110.00

Date of Application: _____/_____/_____
Month Day Year

Applicant/Vacation Rental Manager:

Name

Physical Address (Street, City, State and Zip Code)

Daytime Phone

Evening Phone

Email Address

Sub Area (Upper Keys, Middle Keys or Lower Keys): _____

All of the following must be submitted in order to have a complete application submittal:

(Please check as you attach each required item to the application)

- Complete vacation rental manager license application**
- Correct fee** (check or money order to *Monroe County Planning & Environmental Resources*)
- Proof of Residence** (driver's license, current lease, or utility bill)

If deemed necessary, the Planning & Environmental Resources Department reserves the right to request additional information.

Please deliver or mail the complete application package to the:
**Monroe County Planning & Environmental Resources Department
Marathon Government Center
2798 Overseas Highway, Suite 400
Marathon, FL 33050**

APPLICATION

The license shall be issued for a period of one (1) year and renewable annually.

The vacation rental manager shall reside within and be licensed for only one sub-area of the County where the vacation rental unit is located. The vacation rental manager shall be the designated contact person for responding to complaints made by neighbors against vacation rental tenants and responsible for maintaining the guest register, and official complaint response records for a vacation rental unit.

The vacation rental manager shall be available twenty four (24) hours a day, seven (7) days a week for the purpose of promptly responding to complaints regarding conduct and behavior of the vacation rental occupants or alleged violations of the vacation rental ordinance.

Complaints to the vacation rental manager concerning violations by occupants of vacation rental units shall be responded to within one (1) hour. The neighbor who made the complaint shall be contacted by phone or in person and informed as to the results of the actions taken by the vacation rental manager. A record shall be kept of the complaint and the manager's response for a period of at least three (3) months after the incident, which shall be available for inspection by the Monroe County Code Compliance Department during business hours.

The guest register shall list all of the vacation rental occupant's names, home addresses, telephone numbers, vehicle license plate and water craft numbers.

Each lease, provided by the owner, and this register shall be kept by the vacation rental manager and made available for inspection by Monroe County Code Compliance Department personnel during business hours.

After notice is given to the vacation rental manager and a public hearing is held, a vacation rental manager license shall be revoked by the Planning Commission and/or fines levied by the code enforcement special master or court of competent jurisdiction upon finding of: a) a total of two (2) or more "no responses" to complaints registered by the public concerning tenants not following terms of the Tenant's Agreement during any single year of the vacation rental manager's license; or b) two (2) or more violations of the duties and responsibilities of a vacation rental manager. An individual who has had his vacation rental manager's license revoked shall not be eligible to resubmit an application for obtaining a new vacation rental manager license until two (2) years after the date of revocation of his license.

I certify that all provisions and regulations set forth in Monroe County Code, Vacation rental uses, shall be met.

I certify that I am familiar with the information contained in this application, and that to the best of my knowledge such information is true, complete and accurate.

Vacation Rental Manager Signature: _____ **Date:** _____

Printed Name of Manager: _____

Sworn to and subscribed before me this _____ day of _____, 20____.

by means of physical presence or online notarization,

by _____, who is personally known to me OR produced
(PRINT NAME OF PERSON MAKING STATEMENT)

_____ as identification.
(TYPE OF ID PRODUCED)

Signature of Notary Public, State of Florida

Print, Type or Stamp Commissioned Name of Notary Public

My commission expires: