



Residential Rental Registration Form

PROPERTY INFORMATION

COMPLETE PHYSICAL ADDRESS OF CAREFREE RESIDENTIAL RENTAL:

STREET ADDRESS _____

MARICOPA COUNTY PARCEL _____

RENTAL STATUS:

The above property was rented long-term (29 consecutive days or more) on _____ occasions for a total of _____ rental days during the calendar year.

PLATFORM(S) / ONLINE MARKET PLACE RENTAL IS LISTED; LIST ALL:

Representations or advertisements including online listings that reference the property, house or dwelling unit location within the Town is prima facie evidence that a short-term rental or vacation rental is operating in the Town.

TOWN OF CAREFREE BUSINESS LICENSE #: _____

CONTACT INFORMATION

PROPERTY OWNER OR AUTHORIZED AGENT/COMPANY

LAST: _____ FIRST: _____ M.I.: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ EMAIL: _____

Has the property been registered with the County Assessor as a rental property? YES NO

Has the property obtained a Transaction Privilege Tax License (TPT)? YES NO

If you own a long-term rental, you will be required to obtain a transaction privilege tax license from the Arizona Department of Revenue. Long-term rentals are required to remit transaction privilege tax at the same rate as a hotel (transient occupancy tax). Please use this link <https://azdor.gov/> to obtain your Transaction Privilege Tax license from the Arizona Department of Revenue.

EMERGENCY CONTACT

CONTACT INFORMATION OF THE PERSON WHO HAS AUTHORITY & RESPONSIBILITY TO RESPOND IN PERSON, BY TEXT, OR BY PHONE WITHIN 60 MINUTES.

FIRST NAME: _____ LAST NAME: _____ COMPANY: _____

CELL PHONE: _____ EMAIL: _____

ALTERNATIVE PHONE NUMBER: _____

Disclaimer and Signature

The undersigned is the owner of the long-term rental or is an authorized agent to file this form on behalf of the owner. The undersigned certifies that the statements made in this application are true, complete, and correct to the best of my knowledge. Any emergency contact update shall be filed with the Town within 10 days.

Signature: _____ Date: _____