



TOWN OF CAREFREE
8 SUNDIAL CIRCLE
PO BOX 740
CAREFREE, AZ 85377

SHORT TERM VACATION RENTAL REGISTRATION FORM

PROPERTY INFORMATION

COMPLETE PHYSICAL ADDRESS OF SHORT TERM VACATION RENTAL:

STREET ADDRESS _____

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

RENTAL STATUS:

The above property was rented short term (less than 30 consecutive days) on ____ occasions for a total of ____ rental days during the calendar year.

TOWN OF CAREFREE BUSINESS LICENSE #: _____

CONTACT INFORMATION

NAME OF 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 short term vacation rental you will be required to obtain a transaction privilege tax license from the Arizona Department of Revenue. Short term vacation 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 PERSON WHO HAS AUTHORITY & RESPONSIBILITY TO RESPOND IN PERSON, TEXT OR 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 short term vacation rental or is authorized to file this form on behalf of the owner.

The undersigned has read and understands the definitions and provisions of Town of Carefree Ordinance 2020-01. This includes change in emergency contact updates within 10 days.

Signature: _____ Date: _____