

SHORT TERM VACATION RENTAL CHECKLIST

Required Items for Short Term Vacation Rental Submission

Property Owner(s) name _____

Property Address: (property being rented) _____

_____ 1. Signed and original Short Term Vacation Rental Certificate Application shall be accompanied by a non-refundable fee of fifty (\$50.00) Dollars with this form.

_____ 2. Proof of ownership

_____ 3. Proof of Agency/Rental Agent (if applicable)

_____ 4. Proof of Insurance

_____ 5. Hotel/Motel Tax Form

- Tax is 5% of what is collected and payable to the City of LaFollette, by the 20th of each month

_____ 6. For grandfathered applications, proof of compliance

- Proof of remitted taxes due on renting the unit for filing periods that cover at least six (6) months within the twelve-month period immediately preceding the effective date of the Short-Term Rental Ordinance 2021-08 (Ordinance Effective date: July 13,2021)

_____ 7. Business Tax Registration

- City of LaFollette (Remit \$15.00 with enclosed form to complete application)
- A County business license is also required and is issued by the County Clerk's office

_____ 8. Registration with Tennessee Department Revenue for sales tax

- Registration of sales tax is available on the Tennessee Taxpayer Access Point (TNTAP). To apply, please go to <https://tntap.tn.gov/eservices/> and select Register a New Business.

Please return this form with submission

If you have any questions regarding any of the above information you may contact The City of LaFollette at 423-562-4961.

I was given and read a copy of the Short-Term Rental Ordinance and agree to abide by these codes if issued a permit by The City of LaFollette Board of Mayor and Alderman.

Yes _____ No _____

Note: There shall be a short-term rental unit Permit renewal fee to be paid annually in the amount of \$50.00 which, upon satisfactory of compliance by the Permit holder, provisions and conditions of the Short-Term Rental Ordinance shall entitle the Permittee to renewal of the Permit for the ensuing twelve (12) months.

Signature(s) _____

**CITY OF LAFOLLETTE
SHORT TERM VACATION RENTAL
CERTIFICATE APPLICATION**

Date Filed: _____

Certificate Number: _____

This is an Application for: Owner Occupied • Non-Owner Occupied • Unoccupied

General Information and Instructions

Please fill this Short-Term Vacation Rental Application out completely. Type or print your information legibly. Upon submitting this application, the owner/agent is confirming that they have ownership or possession of the property for rent and shall submit proof of ownership or proof of agency and proof of insurance. The applicant shall also provide a concept plan demonstrating the parking and guest access. This application may not be submitted if the applicant does not yet have a City of LaFollette Business license.

1.) Location of proposed Short-Term Rental Unit ("STRU"):

Address: _____

City, State, Zip Code _____

2.) What is Applicant's relationship to the STRU? Check all that apply.

Owner • Resident • Lessee • Other—Please Describe: _____

3.) What type of dwelling is the STRU?

Single Family Home • Duplex or Townhouse • Garage Apartment • Condominium •

Apartment in Apartment Building • Other—Please Describe: _____

4.) Number of floors in the STRU, including basements even if unfinished: _____

5.) Name of Applicant: _____

Address: _____

City, State, Zip Code: _____

Email Address: _____

Phone: _____

Note: If the Applicant is a business entity, provide below the name, address, email address, and phone number of the entity's contact person. Also, attach proof that the entity is in good standing with the Tennessee Secretary of State:

Name: _____

Address: _____

City, State, Zip Code: _____

Email Address: _____

Phone: _____

6.) If Applicant is not the Owner of the property, provide below the name, address, email address, and phone number of the Owner of property.

Name: _____

Address: _____

City, State, Zip Code: _____

Email Address: _____

Phone: _____

7.) Please designate a local contact person for the STRU who will be available twenty-four hours a day to address any issues arising with the STRU, and provide below the name, address, email address, and all telephone numbers. If Applicant is the local contact, please simply note "Applicant" for name, but provide additional telephone numbers where you may be contacted.

Name of Local Contact: _____

Address: _____

City, State, Zip Code: _____

Email address: _____

Phone: _____ Alternate Phone: _____

8.) Name(s) of hosting platform(s) and internet website(s) where STRU will be advertised:

You must keep the information provided herein up-to-date at all times, even after a Permit is issued. Failure to do so may result in suspension or revocation of your Permit.

BY SIGNING BELOW:

I ACKNOWLEDGE THAT I HAVE READ AND WILL FOLLOW AND COMPLY WITH ALL SHORT-TERM RENTAL UNIT REGULATIONS AND ORDINANCES, THE CITY OF LAFOLLETTE ("CITY") BUSINESS LICENSE REQUIREMENTS, WILL PAY ALL APPLICABLE CITY HOTEL/MOTEL OCCUPANCY PRIVILEGE TAX AND LOCAL OPTION SALES TAX, AND THE STATES GROSS RECEIPTS TAX, AND ABIDE BY ANY ADDITIONAL ADMINISTRATIVE REGULATIONS IMPOSED NOW OR LATER. IF I AM AN OPERATOR, BUT NOT THE OWNER, I ACKNOWLEDGE THAT I CAN BE HELD LEGALLY RESPONSIBLE AND LIABLE FOR COMPLIANCE WITH THE CITY'S ORDINANCES AT THE SHORT-TERM RENTAL UNIT JUST AS IF I WERE THE OWNER. I SHALL DEFEND, INDEMNIFY, AND HOLD HARMLESS THE CITY'S AND ITS ELECTED OFFICIALS, OFFICERS, REPRESENTATIVES, AND EMPLOYEES FOR ANY AND ALL MATTERS RELATED TO THIS AND THE OPERATION OF THE SHORT-TERM RENTAL UNIT. THE INDEMNIFICATION AND HOLD HARMLESS PROVISIONS STATED HERE SHALL SURVIVE REVOCATION OR EXPIRATION OF THE PERMIT.

I ACKNOWLEDGE THAT THIS APPLICATION IS A "GOVERNMENTAL RECORD: AND IF I MAKE A FALSE ENTRY OR REPRESENTATION IN THIS APPLICATION, THEN I COMMIT A VIOLATION OF T.C.A. § 39-16-504.

I HAVE CAREFULLY CONSIDERED THE CONTENT OF THIS APPLICATION BEFORE SIGNING. I AFFIRM THAT THE CONTENT IS TRUE, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

Applicant: _____

Print Name: _____

Date: _____

Owner: _____ (If not applicant)

Print Name: _____

Date: _____

**CITY OF LAFOLLETTE, TENNESSEE
HOTEL/MOTEL PRIVILEGE TAX RETURN**

FILING PERIOD:	STATE SALES TAX ACCOUNT NO:	If this is an AMENDED RETURN, please check box at box at right ▸ <input type="checkbox"/>
Due Date:	Operator Name & Location Address:	
FEIN:		IMPORTANT: Returns must be postmarked by the due date to avoid loss of compensation and the assessment of penalty and interest. RETURNS MUST BE FILED ON OR BEFORE THE 20TH DAY OF MONTH IMMEDIATELY FOLLOWING THE MONTH FOR WHICH THE TAX IS DUE. Should you need assistance, please contact the LaFollette City Recorder by calling 423-562-4961

AMOUNT SHOWN IN ITEM 9 PAYABLE TO:

**ROUND TO NEAREST DOLLAR
WRITE NUMBERS LIKE THIS**

REMIT

CITY OF LAFOLLETTE
207 South Tennessee Ave
LaFollette, TN 37766

												0	0
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1.) GROSS OCCUPANCY RECEIPTS.....

1.)												0	0
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2.) EXEMPT TRANSACTIONS-Must be itemized on Schedule A

2.)												0	0
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3.) NET TAXABLE AMOUNT-Subtract item 2 from item 3.....

3.)												0	0
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4.) TOTAL TAX—5.00% OF ITEM 3.....

4.)												0	0
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5.) OPERATOR' COMPENSATION-Deduct 2.00% of the first \$1,250.00 of the TOTAL TAX (item 4)
(Deduct this amount only when return and payment are timely filed)

5.)												0	0
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6.) ENTER TOTAL OF APPLICABLE CREDITS-Must be itemized on Schedule B.

6.)												0	0
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7.) PENALTY-If late filed, compute penalty at 10% for each 1-to-30-day period for which TAX or RETURN IS DELINQUENT...
(Maximum penalty not to exceed 25%. Minimum penalty is \$10.00 regardless of amount of tax due or whether there is any tax done.)

7.)												0	0
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8.) INTEREST-If filed late, compute interest at 12.50% per annum on the tax (Item 4 minus item 6 from the due date to date of payment.

8.)												0	0
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9.) TOTAL DUE-If timely filed subtract items 5 and 6 from item 4. If filed late, subtract items 6 from item 4 and add items 7 and 8.....

9.)												0	0
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FOR OFFICE USE ONLY:
POST MARK DATE: _____
DATE RECEIVED: _____

I declare this to be a true, complete and accurate return to the best of my knowledge, information and belief.		
OPERATOR SIGN HERE: _____		
Name	Title	Date
TAXPREPARER SIGN HERE: _____		
Name	Title	Date

Schedule A

The operator is entitled to claim as exempt from this tax the consideration charged to the occupant of any room, lodging, space or accommodation who has occupied the same room, lodging, space or accommodation for a continuous period, without interruption, of more than thirty (30) days next preceding 12:00 o'clock midnight of the last day of the reporting period. The operator must report such exempt occupancy and the actual consideration charged therefore (excluding the amount of any other taxes applicable thereto and charged to the occupant) by this Schedule A as follows:

Name of Occupant	Total Period of Occupancy	No. of Unit Occupied & Rate of Charge	Exempt period of Occupancy	Amount of Exempt Charges
Example: John L. Doe	06/01/99-07/10/99	Rm. 16 @ \$20.00 per day	07/01/99-07/10/99	\$200.00

TOTAL OF EXEMPTIONS CLAIMED (Enter here and on line item 2).....\$ _____

(If additional space is required for itemization attach separate sheet)

Schedule B – After a person has maintained occupancy of the same room, lodging, space or accommodation for a continuous period of thirty (30) days, without interruption, that occupant shall be entitled to receive from the operator, a refund or credit for all of the tax previously collected by the operator from that occupant and the operator shall be entitled to claim and shall receive upon such claim, if properly verified by signed receipt or voucher from the occupant, the amount of such tax refunded or credited to such occupant if the same shall have been previously paid and reported by the operator to the city. The credits claimed for each such refunded amount or credit given by the operator to the occupant must be reported by the operator by this Schedule B, as follows:

Name of Occupant	Total Period of Occupancy	No. of Unit Occupied & Rate of Charge	Occupancy Period to Which Credit Applies	Amt. of Tax Refunded or Credited to Occupant
Example: John L. Doe	06/01/99-07/10/99	Rm. 16 @ \$20.00 per day	07/01/99-07/10/99	\$10.00

TOTAL OF CREDITS CLAIMED (Enter here and on line item 6)\$ _____

(If additional space is required for itemization attach separate sheet)