



## SHORT TERM RENTAL (STR) APPLICATION

APPLICATION IS HEREBY MADE UNDER THE 2024 REGISTRATION PROGRAM TO ENSURE COMPLIANCE AND TO COLLECT TRANSIENT OCCUPANCY TAX FOR THE CITY OF PORT CLINTON:

Date: \_\_\_\_\_

1. STR Business Name: \_\_\_\_\_

2. STR Property Address: \_\_\_\_\_

3. Property Owner Name: \_\_\_\_\_

4. Property Owner Mailing Address: \_\_\_\_\_

5. Property Owner Phone Number: \_\_\_\_\_

6. Property Owner Email Address: \_\_\_\_\_

Indicate whether owned by Corporation ( ), Partnership ( ), or Individual ( ). If Corporation or Partnership, give names, address and titles all officers:

Title	Name	Mailing Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Local Emergency Contact within 60 minutes of property: \_\_\_\_\_

8. Local Emergency Contact Address: \_\_\_\_\_

9. Local Emergency Contact Phone Number: \_\_\_\_\_

10. Local Emergency Contact Email: \_\_\_\_\_

11. Authorized Representative (if applicable) Name: \_\_\_\_\_

12. Authorized Representative Contact Address: \_\_\_\_\_

13. Authorized Representative Contact Phone Number: \_\_\_\_\_

The following information is required to be provided with the application:

- Basic floor plan identifying the number of sleeping rooms and beds for the maximum occupancy allowed for overnight occupants.
- Photos and location of following fully functional Life Safety Equipment:
  - Smoke detectors (inside bedrooms and outside sleeping areas)
  - Carbon monoxide detectors (installed within 15 feet of all sleeping areas)
  - Functional fire extinguisher(s)
- Photo of the Advisory Notice posted inside of the short-term rental. The notice shall contain the following information:
  - Contact Information for the Property Owner, Responsible Local Person, and Authorized Representative (if applicable).
  - Contact Information for the City of Port Clinton Police Department.
  - Contact Information for the City of Port Clinton Fire Department.
  - Location of all means of egress from the short-term rental.
  - Instructions on where to go in case of an emergency/natural disaster
  - Location of functional fire extinguisher(s)
  - The number of overnight occupants shall not exceed two occupants per bedroom plus two additional occupants.
  - Occupants shall maintain reasonable noise levels for the time of day.
  - Location(s) of where overnight occupants may park their vehicles. (Example: in driveway, on the street directly in front of the short-term rental. Overnight occupants shall not park their vehicles on the grass, on the sidewalk, in the boulevard.
  - Incidents of Nuisance Activity and/or Criminal Activity will not be tolerated and occupants may be subject to immediate removal from the STR without refund.
  - Overnight Occupants shall comply with the City's trash collection requirements.
  - Overnight Occupants shall comply with the City of Port Clinton Codified Ordinances which are located for review at [www.portclinton.com](http://www.portclinton.com).
- Proof of insurance documenting that the dwelling is insured as a **short term rental** and providing coverage of not less than three hundred thousand dollars (\$300,000.00) and issued in accordance with Chapter 3902 of the Ohio Revised Code.

**Registration fee payment payable to: Treasurer, City of Port Clinton**  
**Mailing Address: 1868 E. Perry Street, Port Clinton, Ohio 43452**

Questions please call / email Sandye Ostheimer at 419-734-5522, ext. 239,  
[pcadmin@portclinton-oh.gov](mailto:pcadmin@portclinton-oh.gov)

**NOTARY ACKNOWLEDGEMENT**  
**To be signed in front of a Notary**

State of \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_ being first duly sworn says that the statements contained in the forgoing application are true, and if granted registration, I will assume full responsibility for the collection and payment of Transient Occupancy Tax to the Treasurer of the City of Port Clinton as provided in Chapter 171, Transient Occupancy Tax, of the City of Port Clinton Codified Ordinances and available at [www.portclinton.com](http://www.portclinton.com) for my review.

I, \_\_\_\_\_ being first duly sworn acknowledge that I have read and understand the City of Port Clinton Codified Ordinances located at [www.portclinton.com](http://www.portclinton.com) and acknowledge that my short-term rental shall be in full compliance at all times with the City of Port Clinton Codified Ordinances, Chapter 735 Short term Rentals, and with all federal, state, and local laws.

Signed \_\_\_\_\_  
Property Owner

Sworn to before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_.

Signed \_\_\_\_\_  
Notary Public

(STAMP)

Signed \_\_\_\_\_  
Authorized Representative  
(in addition to property owner only if  
applicable)

Sworn to before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_.

Signed \_\_\_\_\_  
Notary Public

(STAMP)

THE OPERATOR SHALL UPDATE THE AUDITOR, WITHIN SEVEN (7) DAYS OF A CHANGE IN STATUS, ALL INFORMATION ASSOCIATED WITH THE REGISTRATION, INCLUDING ANY CHANGES IN THE CONTACT INFORMATION FOR THE OPERATOR, RESPONSIBLE LOCAL PERSON, AND AUTHORIZED REPRESENTATIVE (IF APPLICABLE).

THE OPERATOR SHALL MAINTAIN THE SHORT TERM RENTAL IN ACCORDANCE WITH THE CITY OF PORT CLINTON CODIFIED ORDINANCES.

THE OPERATOR SHALL PROMINENTLY DISPLAY THE SHORT-TERM RENTAL OPERATING CERTIFICATE WITH THE REGISTRATION NUMBER AND ADVISORY NOTICE TO GUEST AT THE ENTRANCE INSIDE OF THE SHORT-TERM RENTAL UNIT.

SHORT-TERM RENTAL OPERATING CERTIFICATES ARE NOT TRANSFERABLE TO A NEW OWNER UPON SALE OF A PROPERTY. THE NEW OWNER SHALL APPLY FOR AND RECEIVE A NEW CERTIFICATE ANY TIME PRIOR TO COMMENCING BUSINESS IN THE CITY OF PORT CLINTON.

**ANY FALSE STATEMENT MADE IN THIS REGISTRATION APPLICATION SUBJECTS THE PROPERTY OWNER AND/OR AUTHORIZED REPRESENTATIVE TO PROSECUTION FOR PERJURY AND WILL RESULT IN CANCELLATION OF REGISTRATION GRANTED PURSUANT HERETO.**

**WHOEVER VIOLATES ANY PROVISION OF CHAPTER 735 OF THE PORT CLINTON CODIFIED ORDINANCES IS GUILTY OF A FIRST DEGREE MISDEMEANOR AND SHALL BE FINED NO MORE THAT \$500.00, IMPRISONED FOR A PERIOD OF NOT MORE THAN SIX MONTHS, OR BOTH. EACH DAY SUCH VIOLATION EXISTS SHALL CONSTITUTE A SEPARATE AND DISTICT OFFENSE. MULTIPLE VIOLATIONS THT OCCUR DURING A SINGLE GUEST STAY MAY BE HEARD IN A SINGLE ACTION.**

**WHOEVER VIOLATES ANY PROVISION OF CHAPTER 171 OF THE PORT CLINTON CODIFIED ORDINANCES IS GUILTY OF A FIRST DEGREE MISDEMEANOR AND SHALL BE FINED NO MORE THAT \$500.00, IMPRISONED FOR A PERIOD OF NOT MORE THAN SIX MONTHS, OR BOTH.**

**NO OPERATOR OR ANY OTHER PERSON SHALL FAIL TO REFUSE TO REGISTER, OR FURNISH ANY RETURN REQUIRED TO BE MADE, OR FAIL OR REFUSE TO FURNISH A SUPPLEMENTAL RETURN OR OTHER DATA REQUIRED BY THE TREASURER, OR RENDER A FALSE RETURN OR FRAUDULENT RETURN OR CLAIM. NO PERSON REQUIRED TO MAKE, RENDER, SIGN OR VERIFY ANY REPORT OR CLAIM, SHALL MAKE A FALSE OR FRAUDULENT REPORT OR CLAIM WITH INTENT TO DEFEAT OR EVADE THE DETERMINATION OF ANY AMOUNT DUE REQUIRED TO BE MADE IN CHAPTER 171 OF THE PORT CLINTON CODIFIED ORDINANCES.**



City of Port Clinton Department of Taxation

1868 E. Perry Str., Port Clinton, OH 43452

pcincometax@portclinton-oh.gov

Phone: 419-734-5522, Option 4

Fax: 419-732-6558

Website: www.portclinton.com

Long Term (LTR)/Short Term (STR) Rental Property Property Owner Registration Form

All property owners purchasing property as a long-term, short-term, vacation rental or any other variation are required to register with the Department of Taxation and are required to file annual municipal income tax returns, whether there is taxable income or not. In addition, based upon the type of rental, additional registration and reporting requirements may be required. Please complete form, sign, date and return to the City of Port Clinton, Department of Taxation. If more room, is needed, please use additional copies of the form.

PROPERTY OWNER INFORMATION: List the names that the property is deeded in and complete all columns. If the property is deeded in an LLC, complete the information for the LLC and ALL PARTNERS/ENTITIES. Social Security, Date of Birth and Phone Number are required. Attach additional sheets as needed

FULL NAME/LLC NAME & ALL PARTNERS	MAILING ADDRESS	SOCIAL SECURITY NUMBER/FID/EIN	DATE OF BIRTH	PHONE NUMBER

PROPERTY ADDRESS – All property must be listed with full address and indicate type of rental

ADDRESS OF EACH PROPERTY, INCLUDING UNIT #, APT #, ETC. Attached additional pages if needed.	Purchase Date	Indicate if Long Term (LTR) or Short Term (STR)	Date that Property became available for rent as either LTR or STR

- Are there tenants in the property that you inherited or that will remain? Yes No
  - If Yes, Complete a Landlord Tenant Report and attach to the registration form. There are additional reporting requirements. Landlords renting property for 30 days or more are required to report within 30 days when a tenant occupies a property or upon vacating. In addition, there is a semi-annual report due January 1 and July 1 of each year.
- For the Annual Municipal Income Tax Return, what IRS form will the rental(s) be reported on?
  - 1040 1065 1120
- Are you using the property as a short –term and/or vacation rental? Yes No
- Where are you listing the property and indicate the date that property was listed on the individual platform(s).

- Have you registered with the City of Port Clinton, Treasurer Department for your Transient Occupancy Registration Certificate? Yes No If No, please complete a Transient Occupancy Registration form is available at www.portclinton.com/treasurer/ and submit to the Treasurer’s Office. Please contact the Treasurer’s Office for more information on the reporting and collection of occupancy tax on short-term/vacation rentals.

CERTIFICATION: I certify that the above to be true and accurate.

(Signature)

(Date)