



City of Frankfort, Michigan Registration Form Short Term Rental (STR)

For City Official use only:

Registration # _____

Date of registration: _____

Registered by: _____

Reinspection due: _____

Signature: _____

Short-Term Rental (STR). The renting of a dwelling unit for a period of time less than thirty (30) consecutive days. STR does not include hotels, motels or units rented for less than 2 weeks per calendar year.

All housing units rented for periods shorter than 30 days should be registered with the City of Frankfort by December 31, 2019. A \$100 fee will be imposed on Registrations occurring after December 31, 2019. Registration forms are available at City Hall, 412 Main Street.

Property Address of STR: _____

Owner Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Email: _____

Local Contact Person: (Owner or local contact person must be available 24 hours a day and be able to respond to complaints within one [1] hour.)

Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Email: _____

How many on-site parking spaces are available for this STR? _____

What is the maximum occupancy for this STR? _____

Please check applicable boxes below:

- This STR has working (and not expired) "Class ABC" fire extinguishers on each floor.
- This STR has functioning smoke detectors on each floor and outside each bedroom.
- This STR has functioning carbon monoxide detectors on each floor in the vicinity of the bedrooms.
- This STR has egress from each bedroom to the exterior of the dwelling unit.
- This STR has a portable fire pit or permitted fire pit.
- This STR is insured for use as a rental unit. Ins. Co. _____ Policy # _____ Expires _____
- This STR is registered with a vacation rental company. Company name/website: _____
- This STR has been inspected by: _____ On Date: _____
- This STR is not registered with a vacation rental company.
- Owner agrees to provide "Good Neighbor Guidelines" to all renters.

Owner Signature _____ **Date** _____

Local Contact Person Signature _____ **Date** _____