

CITY OF LUDINGTON SHORT TERM RENTAL APPLICATION

Rental Inspection Department

400 S. Harrison St.

Ludington, MI 49431

Ph: 231 843 2956...Fax: 231 845 1146

Email: cafoote@ci.ludington.mi.us www.ludington mi.gov

Application must be completed in full. Incomplete applications cannot be accepted

Property Address _____	Parcel I.D.# _____	#Units _____
UNIT ONE		UNIT TWO
Number of bedrooms _____		Number of bedrooms _____
Number of bathrooms _____		Number of bathrooms _____
Maximum occupancy _____		Maximum occupancy _____

If applicant is different from the owner, a notarized letter of authorization must be attached.

Applicant Name _____ Email _____

Mailing Address _____ City, State, Zip _____

Phone: Daytime _____ Evening _____ Cell _____

Signature: _____ Date _____

¹Owner Name _____ Email _____

Mailing Address _____ City, State, Zip _____

Phone: Daytime _____ Evening _____ Cell _____

Signature _____ Date _____

²Owner Name _____ Email _____

Mailing Address _____ City, State, Zip _____

Phone: Daytime _____ Evening _____ Cell _____

Signature _____ Date _____

Party responsible and authorized to act local agent to promptly remedy any complaint

Agent/Manager Name _____ Email _____

Mailing Address _____ City, State, Zip _____

Phone: Daytime _____ Evening _____ Cell _____

OWNERSHIP ACKNOWLEDGEMENT: (If application is filled out by someone other than owner, a notarized acknowledgement of ownership must be attached to application)

- I confirm that I do not have an ownership interest in more than one premises for which a short-term rental license has been issued or is being sought in the City of Ludington.
- I have never been cited for a violation of the Short-Term Rental Ordinance.
- I have never had a short-term rental license revoked.

Signature _____ Date _____