

CITY OF LUDINGTON SHORT TERM RENTAL APPLICATION

Rental Inspection Department

400 S Harrison Street

Ludington, MI 49431

Ph: (231) 843-2956 Fax: (231) 845-1146

Email: vruiz@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 _____

Owner Information

Owner / Applicant 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 _____

Owner Acknowledgement: (If application is filled out by someone other than the owner, a notarized acknowledgment of ownership must be attached to the 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 _____