



TOWN OF CHESTER

SHORT-TERM RENTAL (STR) REGISTRATION APPLICATION

*Preston Bristow, Town Planner and STR Administrator
Town Hall, 556 Elm Street, P.O. Box 370, Chester, VT 05143
(802) 875-2173 Email: zoning@chestervt.gov*

Owner Information

Name: _____

Phone: _____ Email: _____

Mailing Address: _____

Ownership is a Corporation or Partnership: ☐ Yes ☐ No

(If yes, contact STR Administrator at contact information above; if no, complete information below)

Driver's License Number: _____ License State: _____

Date of Birth: _____ On Active Duty in U.S. Armed Forces: ☐ Yes ☐ No

Host (Operator or Manager) Information

(Owner or Tenant can be Host)

Name: _____

Management Company (if applicable): _____

Cell Phone: _____ Email: _____

Address: _____

Host is located within Windsor or Windham County: ☐ Yes ☐ No

(If no, contact STR Administrator at contact information above)

Rental Property Information

Physical 911 Address: _____

Parcel ID: _____

(To find this number check your tax bill or contact STR Administrator at contact information above)

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Rental Occupancy

Number of requested bedrooms: _____ times 2 occupants per bedroom: _____

Option to add plus 2 additional occupants (enter 2 or 0): _____

Requested Short-Term Rental Occupancy: _____

Checklist of Supporting Documents

(all boxes that apply must be checked)

- ☐ State Wastewater and Water Supply Permit and/or Chester Zoning Permit indicating number of approved bedrooms. Check here ☐ if septic system pre-dates 1975 and provide evidence of the number of bedrooms on 12/31/2006.
For rentals with a capacity greater than 8 occupants, provide copy of permit(s).*
- ☐ An inspection report from the Vermont Division of Fire Safety (for rentals with a capacity greater than 8 occupants). Check here ☐ if capacity is 8 occupants or less.
For rentals with a capacity greater than 8 occupants, provide copy of inspection report.*
- ☐ The "Short Term Rental Safety, Health and Financial Obligations" form found on the Vermont Division of Fire Safety website has been completed and posted within the rental unit. *See:* <https://firesafety.vermont.gov/buildingcode/codesheets>

**Copies do not have to be provided if required documents are confirmed by the STR Administrator to be on file at the town offices.*

REGISTRATION FORM VERIFICATION

Boxes must be checked, and form must be signed and dated.

- ☐ I declare that the information contained in this application is true and correct to the best of my knowledge.
- ☐ I understand that advertising this short-term rental unit for more than the maximum number of approved occupants (guests) is a violation of the Town of Chester Ordinance to Regulate the Operation of Short-Term Rentals.
- ☐ I declare that I have liability insurance of not less than \$1,000,000 specific to the renting of short-term vacation rentals, or that such short-term rental insurance is offered through a hosting platform that maintains equal or greater coverage.

Signature of Owner or Host: _____

Printed Name: _____ Date: _____

ANNUAL SHORT-TERM RENTAL REGISTRATION FEES

A separate application must be submitted and a separate fee paid
For each short-term rental unit

SHORT-TERM RENTAL UNIT:	FEE:
"Hosted" meaning a room or group of rooms located within a Host's primary residence or an accessory dwelling or cabin on the premise of the Host's primary residence.	\$150.00
"Unhosted" meaning a furnished house, condominium, apartment or an accessory dwelling or cabin that is not the Host's primary residence or located on the premises or property of the Host's primary residence.	\$300.00

Amount Paid: \$ _____

Payment Method

- ☐ Online Credit Card
- ☐ Online eCheck
- ☐ Mail-in check (check # _____)
- ☐ Cash (hand-delivered or in sealed envelope placed with application in secure drop box at town offices)

OFFICE USE ONLY	date received:	application no:	staff:
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