



CITY OF LANGLEY

SHORT TERM RENTAL LICENSE APPLICATION

Type of Short Term Rental

Type I (rooms) Type II (inns) Type III (commercial) Type IV (whole homes)

License valid for 1 year only.

Section 1 – Property Information

Property Address _____ Parcel Number (s) _____

The short term rental property is: Hosted Unhosted

Number of legal bedrooms rented _____ Number of on-site parking spaces _____

Is the dwelling unit served by septic? Yes No

If yes, must include Island County Septic Permit to confirm number of bedrooms

Is food being provided or served? Yes No

If yes, must include Island County Health Department Food Handlers Card

Links to all online listings, if any:

Section 2 – Owner & Applicant Information

Applicant _____ Phone _____ Email _____

Mailing Address _____ City _____ State _____ Zip _____

Owner _____ Phone _____ Email _____

Mailing Address _____ City _____ State _____ Zip _____

Owner's City of Langley Business License No. _____ UBI No. _____

Property Manager _____ Phone _____ Email _____

Mailing Address _____ City _____ State _____ Zip _____

Property Manager's Langley Business License No. _____ UBI No. _____

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