



SHORT TERM RENTAL (STR) APPLICATION FOR LICENSE

CITY OF MOBRIDGE, SD
114 1ST Avenue East
Moberidge, SD 57601

Application for license to operate an establishment as a Short Term Rental (STR) in the City of Moberidge, SD.

☐ APPLICATION FEE: **\$500.00**

☐ APPLICATION RENEWAL FEE: **\$100.00**

(The applicable fee is due at the time of submitting this application. Approval of this application is provisional and contingent upon applicant securing a license from the SD Dept. of Health. Applicant must submit a copy of their state license before a local license will be issued by the City of Moberidge.)

Part I: ESTABLISHMENT INFORMATION

Establishment Name: _____

Owner of the Establishment: _____

☐ Individual ☐ Corporation ☐ Partnership ☐ Limited Liability Company (LLC) ☐ Other _____

Establishment Contact Person: _____

Contact Number: _____ Email Address: _____

Establishment Physical Address: _____
Street City State Zip Code

Mailing Address (If Different): _____
PO Box City State Zip Code

Legal Description: _____

SD Sales Tax License No. _____ (**ATTACH** a copy of the license.)

Part II: TYPE OF SHORT TERM RENTAL & PROPOSED USE

☐ Bed & Breakfast Facility

☐ Vacation Home Rental

Describe proposed use of the establishment (including any outdoor use). **ATTACH** a site plan of the property, including all existing and proposed structures with setbacks and on-site parking spaces:

Number of Rooms: _____ Maximum Number of Occupancy: _____

Proposed Dates Available From: _____ To: _____

Will the applicant business need any anticipated building or construction-related permits upon approval of this license? (Contact City Office if Unknown.) ☐ Yes ☐ No

If yes, please explain: _____

Part III: PERFORMANCE REQUIREMENTS

1. The Owner shall keep records as required per SDCL 34-18-21. The report shall be provided to the City Office upon request.
2. Occupancy of recreational vehicles (RVs), camper trailers, and tents shall not be allowed.
3. The minimum age allowed for the principal renter of a STR is 21 years of age.
4. The use of open fires, fire pits, fireworks, charcoal-burning grills, gas-fired grills, or other devices (as applicable) shall not be allowed without permission from the Local Contact or Owner. The Local Contact or Owner must comply with any and all federal, state, and/or local laws, ordinances, or rules regarding open burning, burn barrels, fire pits, fireworks, fireplaces, or the burning of any flammable material.
5. The owner shall maintain insurance coverage on the establishment with an endorsement for the short term rental. (**ATTACH** a copy of the coverage—certificate of insurance or declaration page.)
6. Where the Owner does not reside full-time within 50 miles driving distance of the STR, a Local Contact shall be designated. The Local Contact shall reside within 50 miles of driving distance of the STR. The Owner or Local Contact shall be responsible for responding in a reasonable time to complaints about the STR. The name, address, and telephone contact number of the Owner and/or Local Contact shall be kept on file at the City Office. Upon change of Local Contact, the owner shall provide to the City Office the new information.

LOCAL CONTACT INFORMATION:

Name: _____ Contact Number: _____

Mailing Address: _____
PO Box City State Zip Code

Signature of Local Contact _____

Date _____

Part IV: ESTABLISHMENT OWNERS

Name	Permanent Address	Contact Number
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_____	_____	_____
_____	_____	_____

Have any officers ever served as an owner, officer, or board member for any other STR that had its license and/or registration certificate revoked? ☐ Yes ☐ No

Payment status of taxes, fees, fines, or other penalties or assessments: Are the following items paid to date for this applicant, and all owner(s):

- a. Real Property Tax: ☐ Yes ☐ No
- b. Sales Tax: ☐ Yes ☐ No
- c. All other fees, fines, or assessments: ☐ Yes ☐ No

Part V: AFFIRMATION AND CONSENT

I, _____ (printed name), as the applicant or as an authorized agent, officer, owner, board member, or manager for _____ (Establishment), declare under the penalty of perjury and under penalty for offering a false instrument for recording that this entire application, statements, and attachments are true, correct, and complete to the best of my knowledge. I further declare & consent that:

1. This statement is executed with the knowledge that any misrepresentation or failure to reveal information requested may be deemed sufficient cause for the denial of this license application by the City of Mobridge (initial here)_____;
2. I understand and acknowledge that any change to the information provided on the application must be submitted to the City of Mobridge within 10 days of said change (initial here)_____;
3. I understand and acknowledge that the City Office may request other information from me in connection with this application. Failure to provide the requested information may result in denial of this application (initial here)_____;
4. I understand this license shall not be transferable to any other person, business entity, or location and is not a property right (initial here)_____;
5. I hereby state that I have read SDCL Chap. 34-18, all applicable State rules and regulations, and City of Mobridge Ordinances, specifically section 6-16 regarding Short Term Rentals licensing rules and regulations, and I understand the contents thereof and agree to be bound by them in all respects, expressly including the waiver of liability, release of claims, and indemnification of the City of Mobridge and others. (initial here)_____;
6. I hereby acknowledge that the Short Term Rental meets all Fire Safety Standards requirements in accordance with current South Dakota Codified Laws (initial here)_____;
7. I understand that any Short Term Rental license issued by the City of Mobridge is provisional, conditional, and must be annually renewed within thirty (30) days of its expiration date, unless earlier revoked or surrendered (initial here)_____;

I have completed all the above information and understand my responsibilities as a Short Term Rental owner. I further understand that any misrepresentation or failure to comply with any law, regulations, or provisions of this affirmation may be grounds for disciplinary action, including, but not limited to, the suspension or revocation of the license.

Applicant Signature

Title

Date

Instructions: File this application form along with the required attachments and application license fee to the City Office, 114 1st Avenue East, Mobridge, SD 57601. Call (605) 845-3509 or Email cityhall@westriv.com with any questions. The application will not be processed until all information is received. Processing of application may take up to 60 days.

Part VI: LOCAL GOVERNING BODY ACTION

Date application received in city office: _____

Amount of fee collected with application: \$ _____

Governing Board Action Taken. Date: _____

☐ Approval. The governing body by majority vote recommends the approval and granting of this license and certifies that application and establishment have been reviewed and conform to the requirements of local ordinances.

☐ Denial. The governing body by majority vote denies granting this license and certifies that the application and establishment fails to comply with the requirements outlined in City Ordinance Section 6-16.

Mayor's Signature

Printed Name

Date Approved

Expiration Date _____ (License issued for calendar year as outlined in City Ordinance 6-16)

Part VII: RENEWAL (IF APPLICABLE)

Date renewal request received in city office: _____

Requirements:

_____ Annual Fee of \$ 100.00

_____ Current Lodging License issued by the SD Dept. of Health

_____ Current Certificate of Insurance or Declaration Page with Endorsement for Short Term Rental

_____ Contact Information for the Property Manager or Local Contact Individual

☐ Approval. Renewed in accordance with City Ordinance 6-16.

☐ Referred to City Council for Action on the Renewal.

City Representative & Title

Printed Name

Date Approved

Expiration Date _____ (License issued for calendar year as outlined in City Ordinance 6-16)