

<input type="checkbox"/> INITIAL REGISTRATION (\$250. PER UNIT) OR <input type="checkbox"/> RENEWAL (\$150. PER UNIT)	SHORT TERM RENTAL REGISTRATION ***** BOROUGH OF STROUDSBURG 700 SARAH STREET STROUDSBURG, PA 18360 Phone (570) 421-5444 Fax (570) 421-2690 www.StroudsburgBoro.com Please Print Additional Forms From Website	*OFFICE USE ONLY* PAYMENT INFO AMOUNT: \$ _____ CHECK #: _____ DATE: _____ REC'D BY: _____
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Property Information		
Address of Owned Property:		**REQUIRED**
If your property has multiple street addresses, please use a DIFFERENT form for EACH ADDRESS.		
Property Owner Information		
Owner Name:		
Mailing Address:		
Phone Number:		E-mail:
LOCAL CONTACT PERSON	<i>The local contact person must reside in or have an office within 15 miles of the Short Term Rental Property Unit and must have 24 hour availability.</i>	
Property Manager Name:		
Phone Number:		E-Mail:
State and County Taxes		
Monroe County Hotel Room Excise Tax Certificate #:		
PA Sales Tax #:		
Number of Short Term Rental Units At This Address:	_____	
UNIT # _____	Sleeps How Many People? _____	Is Rented _____ Times per Year? (approx.)
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****Provide a photo or drawing showing designated on-site parking spaces for each unit.****		

Property owners are required to read and abide by Borough of Stroudsburg Ordinance #1087 entitled "An Ordinance Establishing Certain License Criteria for Short-Term Rental of Residential Dwelling Units", enacted on May 5, 2020.

I certify that the above information is true and accurate and that the Monroe County Hotel Room Excise Tax and the PA Sales Tax are being collected and reported as required.

I further understand that rental of this property **CANNOT BEGIN** until:

1. The completed application, necessary documentation, and payment are received,
2. An inspection is performed by the Zoning and Codes Department, AND
3. A license is issued by The Borough of Stroudsburg.

SIGNATURE / DATE	<input type="checkbox"/> PROPERTY OWNER <input type="checkbox"/> AUTHORIZED REPRESENTATIVE (Print Name)
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