THIS FORM MUST BE COMPLETED IN ITS ENTIRETY

ALL REQUIRED DOCUMENTS MUST BE SUBMITTED FOR YOUR RENEWAL WILL BE DENIED IF ALL REQUIRED INFORMATIO **DUE DATE 10/31/2020**

NOTE NEW RENEWAL FEE **INCLUDE PAYMENT WITH RENEWAL FORM**

2020 SHORT TERM LODGING PERMIT RENEWAL NOTICE - \$96 RENEWAL FEE



CITY OF NEWPORT BEACH REVENUE DIVISION 100 CIVIC CENTER DR ● P.O. BOX 1768 NEWPORT BEACH, CA 92658-8915

(949) 718-1997 lodging@newportbeachca.gov

BUSINESS NUMBER		PERMIT NUMBER	
XXXXX	XX		
Business License #	Expiration	SLPXXXXX	
BTXXXXXXXX	09/30/2021		

BUSINESS LICENSE MUST BE VALID **TO RENEW PERMIT**

OWNER INFORMATION	PLEASE MAKE ANY CHANGES IN THE SPACE PROVIDED
Business Name NAME LISTED ON BUSINESS LICENSE	Did you move? Please update your mailing address in the fields below
Owner Name OWNER NAME	
Owner Mailing Address OWNER MAILING ADDRESS	
City/ST/Zip OWNER MAILING CITY/STATE/ZIP	
Owner Phone OWNER'S PHONE NUMBER	
Owner Email OWNER'S EMAIL	If there is no owner email, please leave blank

LOCAL 24/7 EMERGENCY CONTACT — CONTACT MUST BE WITHIN 25 MILES OF NEWPORT BEACH				
Contact Name NAME OF THE PERSON OR AGENT 24/7 CONTACT PERSON	Contact City MUST BE WITHIN 25 MILES OF NEWPORT BEACH	Contact Phone 24/7 CONTACT PHONE		

AGENT INFORMATION			
Agent Name	Provide Agent Address	Provide Agent Phone	
COMPLETE IF USING AN AGENT	FILL IN THE AGENT ADDRESS	FILL IN THE AGENT PHONE	
New Agent Name/Start Date	Provide New Agent Address	Provide New Agent Phone	
CHANGE AGENTS? FILL IN NEW AGENT	FILL IN NEW AGENT ADDRESS	FILL IN NEW AGENT PHONE	
NAME			

PROPERTY INFORMATION						
	PROPERTY ADDRESS					
Number of Parking Spaces Available PROVIDE NUMBER OF PARKING SPACES AVAILABLE TO GUEST ON PROPERTY		Description of parking area (garage, driveway, carport, etc.) LOCATION OF THE PARKING SPACES SUCH AS GARAGE OR DRIVEWAY				
PERMIT NUMBER	UNIT	BEDROOMS	SQ FT	MAX OCCUPANTS (SQ FT ÷ 200)	RENEW PERMIT (Y/N)	
SLPXXXXX	UNIT A	#BEDROOMS	SQUARE FEET	DIVIDE SQ FT	RENEW = Y	
SLPXXXXY	UNIT B		OF LIVABLE	BY 200	CANCEL= N	
			AREA (NO			
			GARAGE/			
			PATIOS)			

COMPLETE AND SIGN THE REVERSE SIDE

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY ALL REQUIRED DOCUMENTS MUST BE SUBMITTED FOR YOUR PERMIT TO BE RENEWED RENEWAL WILL BE DENIED IF ALL REQUIRED INFORMATION IS NOT COMPLETED DUE DATE 10/31/2020

Newport Beach Municipal Code requires a valid Short Term Lodging Permit. Forms not returned by the due date, October 31st, 2020, will render the properties non-compliant and may subject the property owner to administrative citations. Your Business License Tax renewal is annual and is sent separately. Your Business License Tax certification must be current in order to renew your permit.

	must	be curi	ent in order to renew your permit.			
A	LL BO	KES				
٨	MUST BE		REQUIRED OWNER ACKNOWLEDGEMENTS AND CERTIFICATIONS			
C	CHECKED		THE LEGAL PROPERTY OWNER MUST CHECK THE FOLLOWING:			
		My b	usiness license is current and valid.			
	\boxtimes	I cert	ify that I have reviewed the covenants, conditions and restrictions, if any, and a short term use is			
		perm	itted at this address.			
	\boxtimes	I hav	e received and read all regulations related to the operation of a short term lodging unit.			
	□ I unc		erstand that I am to provide all guests a copy of the Newport Beach Municipal Codes related to			
		viola	ions, permit conditions and the Good Neighbor Policy.			
			e to include the City issued permit number on all advertisements. (Your STLP# can be found on the			
			of this form.)			
	□ I unc		erstand I must inform the guest of the amount of transient occupancy tax and visitor service fee prior			
			e completion of a booking transaction.			
			erstand I must notify the City if I cease operating a short term lodging unit and any tax due will be			
			ole within thirty days from the date of a City invoice.			
	X	T <u>hi</u> s	permit is only valid for its current term, and any renewal term. This permit does not convey or grant a			
		prop	erty right that runs with the land.			
	I here	by cert	ify under the penalty of perjury that I am authorized to make this statement and that the information			
	nrovi	provided on this form is true and correct				

I hereby certify under the penalty of perjury that I am authorize provided on this form is true and correct.	ea to make this statement and that the injormation
Print Name PRINT OWNER NAME	Date FILL IN DATE COMPLETED
Signature OWNER SIGNATURE	