



**CITY OF LAS VEGAS
BUSINESS LICENSING DIVISION
AFFIDAVIT FOR SHORT-TERM RESIDENTIAL RENTALS**

Business Name: _____ Primary Residence Address: _____

Licensee email address: _____ Number of bedrooms in property: _____

Owner's Name: _____ Owner's 24-Hour Phone Number: _____

SELECT ONE OPTION:

- My property is **NOT** governed by a homeowners association.

OR

- My property **IS** governed by a homeowners association and I have the necessary approval to proceed with this activity at this property. A copy of the approval letter or document has been attached to this affidavit.

I, _____, swear or affirm that the statements made herein are true and correct:
Print Name

(Initial Each Statement)

___ I attest that I have read [Las Vegas Municipal Code 6.75](#) and agree to abide by all requirements therein.

___ I attest I have applied for a business license to rent out bedroom(s) within my primary residence **and** I will be staying at the property during all rental periods.

___ I attest that there are no current delinquent room tax liabilities or liens against this property.

___ I have attached the following required documents to this affidavit:

- A copy of my photo ID, which confirms my identity and this property as my primary residence.
- A floor plan depicting **my** bedroom and all living spaces.

___ I understand that any short-term residential rental unit located within a gated subdivision or controlled-access building that is governed by an owners' association or similar that a letter or other documentation from said association is required to be attached to this affidavit acknowledging the proposed use and, if necessary, granting access to occupants of the proposed rental unit.

___ I acknowledge that providing inaccurate information as mandated by code, may lead to the denial of the Short-Term Residential Rental license and/or renewal.

Affiant's printed name

Affiant's signature

SUBSCRIBED AND SWORN TO before me

This _____ day of _____, 20_____

NOTARY PUBLIC

FOR OFFICE USE ONLY: City of Las Vegas Business License # _____ Conditional Use Verification Permit # _____