



Finance Division
City of Rancho Mirage
69-825 Highway 111
Rancho Mirage, CA 92270
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HOMEOWNER APPLICATION FOR VACATION RENTAL CERTIFICATE

Chapter 3.25 of the Rancho Mirage Municipal Code requires a valid registration certificate for all vacation rental units rented 27 consecutive days or less. The annual registration fee of \$100 (per unit) must accompany this application. PLEASE PRINT.

Owner Name(s): _____
Mailing Address: _____
City, State, Zip: _____
Phone #: _____ Cell Phone #: _____
E-Mail: _____
Emergency Contact: _____ Phone #: _____

VACATION RENTAL PROPERTIES (attach additional sheets as necessary)

Property Address: _____
Property Phone #: _____
VRBO Listing #: _____
HOA (if applicable): _____
Number of Bedrooms: _____
*Total Allowable Occupancy: OVERNIGHT: _____ DAYTIME: _____

**See Vacation Rental Ordinance Summary or Good Neighbor Brochure.*

If you do not utilize a management company and rent directly by owner, you must authorize an emergency local contact person who is available 24/7/365 to answer and respond to HOTLINE complaint calls within 45 minutes.

Local Emergency Contact Person: _____ Phone #: _____
Cell Phone #: _____ E-mail: _____
Local Emergency Contact Person's Address: _____

Good Neighbor Brochures must be placed in prominent locations in all rental properties as well as provided to the designated "responsible person" in each rental party. By signing this Vacation Rental Certificate Application you acknowledge that you have received copies of the Good Neighbor Brochure and understand and accept the responsibility of giving copies to the responsible person in each rental party as well as placing brochures in rental properties.

If your property is located within a Home Owners Association (HOA) it is your responsibility to adhere to any HOA restrictions regarding short term rentals.

I declare under penalty that this information is, to the best of my knowledge, true, correct and complete.

Application By: _____
Signature: _____ Date: _____

FOR CITY USE ONLY

Permit #: _____ Business License #: _____
Date Processed: _____