



CITY OF SOUTH LAKE TAHOE  
**VACATION HOME RENTAL  
PERMITTING**



**VACATION HOME RENEWAL APPLICATION - TOURIST CORE\***

Changes to Existing Permit    No Changes to Existing Permit    New Permit

VHR Renewal: Permit #: \_\_\_\_\_

**Property Owner (all fields required):**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

VHR Address: \_\_\_\_\_ APN (Parcel #): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Representative/Agent (if applicable)**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

**VHR Property Information:**

Living Area (sf): \_\_\_\_\_ Occupancy: \_\_\_\_\_

No. of Bedrooms: \_\_\_\_\_ No. of Paved Parking Spaces: \_\_\_\_\_

Trash Pick-Up Day:  M    T    W    TH    F      Outdoor Hot Tub:  Yes    No

Bear Box Installed Onsite:  Yes    No

How will the property be managed:  Owner    Agent    Both

If Agent/Both, who will be responsible for annual renewal fee:  Owner    Agent

**Local Contact Information:**

Name: \_\_\_\_\_

Phone Number (reachable on a 24-hour basis): \_\_\_\_\_

Rental/Management Agency Name (if applicable): \_\_\_\_\_

Agent Permit No (if applicable): \_\_\_\_\_

**Declaration:**

I hereby declare under penalty of perjury that this application and all information submitted as part of this application are true and accurate to the best of my knowledge. I am the owner of the subject property, or have been authorized in writing by the owner(s) of the subject property to represent this application, and I have obtained authorization to submit this application from any other necessary parties holding an interest in the subject property. I understand it is my obligation to obtain such authorization, and I further understand that the City accepts no responsibility for informing these parties or obtaining their authorization.

I understand that I am responsible for all fees set forth in the City of South Lake Tahoe Master Fee Schedule associated with this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Person Preparing Application

**Authorization for Representation:**

I/we authorize **the agent/representative** listed on page 1 to act as my/our representative in connection with this application to the City of South Lake Tahoe for the subject property and agree to be bound by said representative. I further accept that if this VHR permit is approved, I, as the permittee, will be held responsible for any and all permit conditions

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail, fax or email the completed signed application to: City of South Lake Tahoe, Attn: VHR, 1352 Johnson Blvd, South Lake Tahoe, CA 96150; email to [mstuhlman@cityofslt.us](mailto:mstuhlman@cityofslt.us).

Payment can be made by check or credit card form below.



# City of South Lake Tahoe

*"making a positive difference now"*

## One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize City of South Lake Tahoe to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

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### Please complete the information below:

I \_\_\_\_\_ authorize **City of South Lake Tahoe** to charge my credit card  
(full name)

account indicated below for \_\_\_\_\_ on or after \_\_\_\_\_. This payment is for  
(amount) (date)

\_\_\_\_\_  
(VHR Permit – New, Renew, TOT Audit)

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Cardholder Name _____
Account Number _____
Expiration Date _____
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.