



Application for Short  
Term Rental License  
City of Webster Groves  
Department of Planning and Development  
314/963-5300

Short Term Rental Address: \_\_\_\_\_ Permit Number : \_\_\_\_\_

Type of Short Term Rental: \_\_\_\_\_ Type One (Provide CUP# \_\_\_\_\_) \_\_\_\_\_ Type Two  
*See Section 53.044 for the different regulations between a Type One and Type Two Short Term Rental.*

Type Two Number of Rooms to Rent: \_\_\_\_\_ One \_\_\_\_\_ Two

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ email: \_\_\_\_\_

**EMERGENCY NUMBER** (available twenty-four hours a day/seven days a week): \_\_\_\_\_

I, \_\_\_\_\_ certify that the statements or information made in any paper or plans submitted herewith are complete, true, and correct to the best of my knowledge. I understand that any knowingly false, inaccurate, or incomplete information provided by me will result in the denial, revocation, or administrative withdrawal of this application for permit.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

For City Use Only			
Application Fee: _____ \$30.00	Pmt: _____	Rec'd By: _____	Date: _____
Permit Fee: _____	SWO Issued / DOUBLE	All Fees? ____yes ____no	Date: _____
Inspections: _____	Permit Approved By: _____	Date: _____	
Packet Mailing Fee: _____	(sent to properties within 300 feet)		
Occupancy Inspection: _____	Date: _____		
Occupancy Maximum: _____	Short Term Rental Maximum: _____		
Zoning Approval: _____	Date: _____		
Balance Due: _____	Pmt: _____	Rec'd By: _____	Date: _____

## Short Term Rental License Application Certification

I, \_\_\_\_\_, certify that the statements or information made in any paper or plans submitted herewith for the project at \_\_\_\_\_, located within the City of Webster Groves, are complete, true and correct to the best of my knowledge. I understand that any knowingly false, inaccurate, or incomplete information provided by me will result in the denial, revocation, or administrative withdrawal of this permit application. I further acknowledge or certify the following:

### Read & Initial

\_\_\_\_\_ No more than fifty (50) percent of the habitable space shall be utilized for a Type 1 Short Term Rental or no more than two (2) rooms of the residence shall be utilized for a Type 2 Short Term Rental.

\_\_\_\_\_ The owner of the residence to whom an occupancy permit has been issued shall maintain the Short Term Rental facility as his/her permanent residence and shall reside on the premises at all times that a Short Term Rental guest is registered.

\_\_\_\_\_ A Short Term Rental facility may not permit a guest to remain longer than fourteen (14) consecutive days, nor may it permit the same guest to reside within the facility more than a total of thirty (30) days per calendar year.

\_\_\_\_\_ The Short Term Rental facility shall provide off street parking in a garage or surface spaces in a rear or side yard in the ratio of one (1) space per guest room plus one (1) space for the owner/operator.

\_\_\_\_\_ No food preparation capabilities shall be provided in the guest rooms.

\_\_\_\_\_ The Short Term Rental facility shall appear at all times as a single family residence and no identification signage of any kind shall be located on the premises.

\_\_\_\_\_ The Short Term Rental facility must not generate activity or noise inimical to the character of a residential district nor permit it to fall below the standards of the City's housing code.

\_\_\_\_\_ The Short Term Rental facility shall be required to be inspected annually for an occupancy permit, such inspection to be performed by the City with fee additional to that charged for the annual business license.

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

City of Webster Groves  
Department of Planning and Development

## Application Requirements for Short Term Rentals

	Short Term Rental License application
	\$_____ application fee
	1 copy of general liability insurance for the property covering the short term rental use
	1 copy of the short term rental packet including, but not limited to: <ul style="list-style-type: none"> <li>• The name and contact information of the responsible contact designated in the application</li> <li>• Occupancy limits applicable to the property</li> <li>• Restrictions on noise applicable under the City's housing code, including limitations on the use of amplified sound</li> <li>• Parking restrictions</li> <li>• Trash collection schedule</li> <li>• Information on applicable requirements of the Americans with Disabilities Act</li> </ul>
	1 copy of blank guest log

I have submitted with my application all of the above listed items for review. All information is true and accurate to the best of my knowledge.

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

Printed Name of Applicant: \_\_\_\_\_

**Please be advised of the following:**

- Applications must be hand delivered.
- The application fee is due at the time that the application is made with the balance due when the permit is picked up.
- Additional fees will be assessed based on the number of properties within three hundred (300) feet of the short term rental location.

For all questions please contact Customer Service at 314-963-5300 or by e-mail at [citymail@webstergroves.org](mailto:citymail@webstergroves.org)