1. **Obtain permit application.** Start by reviewing the materials in this packet or by printing all relevant forms [here](#). You may also call (865) 215-2083 or visit the Business License & Tax Office in the City County Building, 400 Main Street, Suite 450.

2. **Complete the application packet.** The application has several key components. A complete checklist can be found on Page 2.
   - Short Term Rental Unit Permit Operator Application
   - Permit fee payable to City of Knoxville; the City accepts check, cash, Visa, Discover, American Express, and Mastercard
   - A City and County Business License, available for a fee of $15 each
   - Completed Life Safety Compliance Verification Form
   - Standard KGIS Map showing neighbors required to be notified of your STRU

3. **Make copies of all forms for your records.**

4. **Submit all forms together as a complete packet.** Incomplete packets will be returned to the applicant via mail. Mail or deliver your completed application packet to:

   Knoxville Business License & Tax Office
c/o Short Term Rental Unit Permit Program
400 Main Street, Suite 450 (in person)
P. O. Box 1028 (by mail)
Knoxville, TN 37901-1028

5. **Send a Neighborhood Notification form to all adjacent neighbors and neighborhood organization.**

6. **A copy of the Short Term Rental Unit Permit will be mailed to you and is valid for one year, unless revoked.**
CITY OF KNOXVILLE
SHORT TERM RENTAL UNIT PERMIT
OPERATOR APPLICATION

This is an Application for:

☐ Type 1 Operating Permit, Owner Occupied in Residential District (Fee $70.00)
☐ Type 2 Operating Permit, Non-Owner Occupied in Non-Residential District (Fee $120.00)
☐ Type 3 Operating Permit, Limited Non-Owner Occupied in Residential District (Fee $120.00)*

*Only available during the period from January 2, 2018 through the close of business on February 1, 2018.

1. Location of proposed Short Term Rental Unit ("STRU"):
   Address ___________________________________________________________ Zip __________
   Zoning District1 __________________________

2. What is the Operator’s relationship to the STRU? Check all that apply.
   ☐ Owner  ☐ Resident  ☐ Lessee  ☐ Other—Please Describe ______________________________

3. What type of dwelling is the STRU?
   ☐ Single Family Home  ☐ Duplex or Townhouse  ☐ Garage Apartment  ☐ Condominium
   ☐ Apartment in Apartment Building  ☐ Carriage House  ☐ Other—Please Describe ________________

4. Number of floors in the STRU, including basements even if unfinished _______________________

5. Name of Operator ________________________________ Zip __________
   Address of Operator: ___________________________________________ Zip __________
   Phone (____) __________________ Email address __________________

NOTE: If the Operator is a business entity, provide below the name, address, email address, and phone number of the entity’s contact person. Also, attach proof that the entity is in good standing with the Tennessee Secretary of State.2

   Name ________________________________ Address ________________________________
   Zip __________ Email address ________________________________ Phone (____) ________________

5. If Operator is not the Owner of the property, provide below the name, address, email address, and phone number of the Owner of property.

1 You can find the zoning district for the Short Term Rental Unit ("STRU") by visiting KGIS at www.kgis.org/KGISMaps/. Click on the "Maps" tab at the top left, and then click on the “Planning and Zoning Maps” button to expand the options. Choose the “Zoning” button, which will show the color-coded zoning map and district designation (e.g., R-1, C-2).

2 To demonstrate good standing, attach the printer friendly version of the filing information, which can be accessed online at https://tnbear.tn.gov/Ecommerce/FilingSearch.aspx.
Name of Owner __________________________ Address ________________________________
Zip ___________ Phone ( ) ____________________ Email address ______________________

6. If the Operator is not the local contact person for the STRU, provide below the name, address, email address, and all telephone numbers of the local contact person.

   Name ________________________________ Address ________________________________
   Zip ___________ Email address ________________________________ Phone ( ) ____________
   Alternate Phone ( ) ____________________ Alternate Phone ( ) ____________________

7. Name(s) of hosting platform(s) and internet website(s) where STRU will be advertised:
   ________________________________________________________________

8. For Type 1 and 3 Operating Permits, list the name of the neighborhood group for the area in which the STRU is located3 ____________________________

9. ATTACHMENTS
   □ Proof of ownership of the STRU4
   □ For a Type 1 Permit, two (2) documents demonstrating proof of residency of the Owner5
   □ Site plan (using the forms provided in this packet)
   □ Affidavit of Life Safety Compliance (enclosed in this packet)
   □ A City and County Business License6
   □ Standard KGIS map of properties notified using Neighborhood Notice form (you will need to print the standard map; the Neighborhood Notice form is included in this packet)
   □ If applicable for a Type 2 or Type 3 Permit, proof of the entity’s good standing

[CONTINUED ON NEXT PAGE]

3 You can find the neighborhood group for the area in which the STRU is located by visiting KGIS at www.kgis.org/KGISMaps/. Click on the Maps tab in the left-hand column and choose Other Maps to expand the menu. Choose Neighborhoods, which will show the color-coded map and the name of the neighborhood group. You may have to zoom out to find the group name. You can find the contact information for the neighborhood group using the Office of Neighborhoods directory, available online here.
4 Must be in the form of a recorded deed.
5 As listed in the ordinance, the acceptable documents to establish residency are: the owner’s motor vehicle registration, a valid driver’s license or TN identification card, proof of the owner’s children’s school registration, the owner’s voter registration card, and the owner’s W-2 mailing. Staff may request additional documentation. Once these documents are submitted to the City of Knoxville, they become public records; please redact any information that you do not want to be a public record.
By signing below:

I ACKNOWLEDGE THAT I HAVE READ AND WILL FOLLOW AND COMPLY WITH ALL SHORT TERM RENTAL UNIT REGULATIONS AND ORDINANCES, THE CITY’S BUSINESS LICENSE REQUIREMENTS, THE CITY’S OCCUPANCY PRIVILEGE TAX REQUIREMENTS, AND ANY ADDITIONAL ADMINISTRATIVE REGULATIONS IMPOSED NOW OR LATER. IF I AM AN OWNER, BUT NOT THE OPERATOR, I ACKNOWLEDGE THAT I CAN BE HELD LEGALLY RESPONSIBLE AND LIABLE FOR COMPLIANCE WITH CITY OF KNOXVILLE ORDINANCES AT THE SHORT TERM RENTAL UNIT.

I SHALL DEFEND, INDEMNIFY, AND HOLD HARMLESS THE CITY OF KNOXVILLE AND ITS OFFICERS, REPRESENTATIVES, AND EMPLOYEES FOR ANY AND ALL MATTERS RELATED TO THIS AND THE OPERATION OF THE SHORT TERM RENTAL UNIT. THE INDEMNIFICATION AND HOLD HARMLESS PROVISIONS STATED HERE SHALL SURVIVE REVOCATION OR EXPIRATION OF THE PERMIT.

I ACKNOWLEDGE THAT THIS APPLICATION IS A “GOVERNMENTAL RECORD” AND IF I MAKE A FALSE ENTRY OR REPRESENTATION IN THIS APPLICATION, THEN I COMMIT A VIOLATION OF TENNESSEE CODE ANNOTATED SECTION 39-16-504. I HAVE CAREFULLY CONSIDERED THE CONTENTS OF THIS APPLICATION BEFORE SIGNING. I AFFIRM THAT THE CONTENTS ARE TRUE, TO THE BEST OF MY KNOWLEDGE.

I CERTIFY THAT I WILL MAIL THE NEIGHBORHOOD NOTICE FORM TO THE REQUIRED NEIGHBORS AND NEIGHBORHOOD GROUPS AS INDICATED IN THIS APPLICATION AND ON THE STANDARD KGIS MAP SUBMITTED WITH THIS APPLICATION.

OPERATOR/APPLICANT

______________________________
Signature

______________________________
Print Name

____________
Date

OWNER (IF NOT OPERATOR/APPLICANT)

______________________________
Signature

______________________________
Print Name

____________
Date

Office Use Only
Date of Receipt of Application:
Permit Number:
Issue Date:
CITY OF KNOXVILLE
SHORT TERM RENTAL UNIT PERMIT

LIFE SAFETY COMPLIANCE
VERIFICATION FORM

The Operator must certify compliance by signing below. All fields are required.

Verification of number and locations are required for the entire property, even those areas or rooms that are not available for Occupancy as part of the Short Term Rental Unit. Every smoke and carbon monoxide alarm must function properly with the alarm sounding after pushing the test button. Smoke alarms must meet Underwriters Laboratory (UL) 217 standards and must be installed inside sleeping rooms, outside sleeping rooms and within 15 feet of the door of all bedrooms, and on each story, including basements. Carbon monoxide alarms must be within 15 feet of the door of all bedrooms. There must be at least one (1) operable fire extinguisher in the Short Term Rental Unit.

Number and location(s) of smoke alarms:
_______________________________________________________________________________
_______________________________________________________________________________

Number and location(s) of carbon monoxide alarms:
_______________________________________________________________________________
_______________________________________________________________________________

Number and location(s) of fire extinguishers:
_______________________________________________________________________________
_______________________________________________________________________________

BY SIGNING BELOW, I AFFIRM THAT THE CONTENTS OF THIS FORM ARE TRUE AND THAT THE EQUIPMENT NOTED ABOVE IS FULLY OPERATIONAL. I ACKNOWLEDGE THAT THE CITY RESERVES THE RIGHT TO VERIFY THE PLACEMENT AND OPERATION OF THE EQUIPMENT BY INSPECTION.

OPERATOR/APPLICANT

Signature

Print Name

Date
CITY OF KNOXVILLE
SHORT TERM RENTAL UNIT PERMIT

SITE PLAN INFORMATION: OVERVIEW

ADDRESS _______________________________________________________

Square Footage of the STRU ________________

Number of Bedrooms in STRU ________________

Number of Bathrooms in STRU ________________

Number of Bedrooms Listed on Hosting Platform ________________

Number of Floors with Habitable Space ________________

Number of Doors Exiting to Exterior ________________

Number of Vehicles Accommodated by Driveway ________________
SITE PLAN INFORMATION: FLOOR PLAN

Please draw a site plan of the STRU below, including a floor plan of the dwelling, and illustrate where Transients will park and the number of parking spaces.
You may also attach a digitally produced drawing.

ADDRESS _____________________________________________________
Hello Neighbors, Neighborhood Representatives, and Property Owners! The City of Knoxville’s Code of Ordinances at Chapter 16 allows me to rent up my property to overnight guests on a short-term basis (less than 30 days).

You are receiving this notice because, as part of the permit application, I am required to mail or deliver this notice to the neighborhood association in the area where my home is located and all property owners with properties abutting my property or directly or diagonally across the street from my property. See figures below for permit notice area.

Below is a brief description of my short term rental unit—including number of bedrooms to be rented and where my guests will be parking. I have also included relevant information you might find useful such as how my guests will be accessing my residence.

Address of the Short Term Rental Unit: ______________________________________

Name of Owner-Occupant: ________________________________________________

Phone Number for Owner-Occupant: ________________________________________

This notice is provided as a courtesy so neighborhood representatives and adjacent neighbors are aware of this activity happening in their neighborhood. You may contact the Business License & Tax Office with questions or concerns at (865) 215-2083, or strs@knoxvilletn.gov, or in its office in the City-County Building at 400 Main Street, Suite 450 in Downtown Knoxville.