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

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

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 445 (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 for Type 1 Permits.**

6. **A copy of the Short Term Rental Unit Permit will be mailed to you and is valid for one year, unless revoked.**
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)

1. Location of proposed Short Term Rental Unit (“STRU”):
   Address __________________________________________________ Zip ___________
   Zoning District__________________

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. Name of Operator ____________________________________________________________
   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.
   Name of Owner __________________________ Address __________________________
   Zip ___________ Phone ( ) ____________ Email address __________________________

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1 You can find the zoning district for the Short Term Rental Unit (“STRU”) by visiting 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.
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. ATTACHMENTS

☐ Proof of ownership of the STRU
☐ For a Type 1 Permit, two (2) documents demonstrating proof of residency of the Owner
☐ Site plan (using the forms provided in this packet)
☐ Affidavit of Life Safety Compliance (enclosed in this packet)
☐ A City and County Business License
☐ Map of properties notified using Neighborhood Notice form (enclosed in this packet)
☐ If applicable for a Type 2 Permit, proof of the entity’s good standing

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3 Must be in the form of a recorded deed.

4 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.

SHORT TERM RENTAL UNIT PERMIT
OPERATOR APPLICATION

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

OPERATOR/APPLICANT

____________________________________
Signature

____________________________________
Print Name

______________
Date

OWNER (IF NOT OPERATOR/APPLICANT)

____________________________________
Signature

____________________________________
Print Name

______________
Date
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 in the immediate vicinity of 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) 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
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 floor plan of the STRU below and illustrate where Transients will park.
You may also attach a digitally produced drawing.

ADDRESS ______________________________________________________
Neighborhood Notice
Short Term Rental Unit Permit

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, directly and diagonally across the street from my residence. See figures below for permit notice area.

Below is a brief description of my short-term rental—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. For your convenience, a Short Term Rental Hotline, (865)823-2633 has been established for your questions and concerns. You may also contact the City of Knoxville Business Tax Office at (865) 215-2083, or strs@knoxvilletn.gov, or in person at the City-County Building at 400 Main Street, Suite 450 in Downtown Knoxville.