



INITIAL APPLICATION SHORT-TERM RENTAL LICENSE-2018

Submit Application Packet to: Carpinteria Community Development Department
5775 Carpinteria Avenue, Carpinteria, CA 93013, (805) 684-5405

PLEASE READ: Prior to using any Residential Unit as a Short-Term Rental,¹ the owner is required to apply for and obtain a Business License and Transient Occupancy Tax (TOT) Certificate. A submittal checklist is attached to this application as Attachment A. Please submit this checklist with your completed application. At all times a Residential Unit is in use as a Short-Term Rental, notices shall be posted in a manner approved by the City of Carpinteria. The City of Carpinteria will send license and other materials for posting and instructions for posting to owners once licenses are issued. If you would prefer that license and other posting materials be sent to the property manager, initial here _____. Per Carpinteria Municipal Code section 3.20, for each Residential Unit being used as a Short-Term Rental, property owners are required to submit a TOT Remittance Form and payment of all applicable TOT (or report that no TOT was due). Form and payment, if applicable, are due four times a year (quarterly). Remittance forms and other information is available on the City of Carpinteria's website at <http://www.carpinteria.ca.us/>. A sample Remittance Form is attached as Attachment D.

Initial License Requested (for renewals, see Renewal Application for Short-Term Rental License)			
<input type="checkbox"/> Vacation Rental –Please select Vacation Rental Overlay District location (see Attachment A):		<input type="checkbox"/> Home Stay (owner remains on site)	
<input type="checkbox"/> Area A <input type="checkbox"/> Area B <input type="checkbox"/> Area C <input type="checkbox"/> Area D			
Business Owner Information:			
Owner/Trustee Name(s) :		Owner Email:	
Owner Mailing Address:		Owner Phone No.:	
Business Information:			
Business Name (if applicable):			
Short-Term Rental Address & Unit Number: ²		Assessor's Parcel No. (APN):	
Total No. of Bedrooms in Residential Unit:	Total No. of Dedicated Parking Spaces for Residential Unit: ³		
For Vacation Rentals Only: Owner or property manager must reside within 30 miles of Vacation Rental for availability in emergencies. Property manager contact information will be posted on exterior notice and on City of Carpinteria website for emergency contact.			
Your Property Manager/Management Company Name:		Prop. Mgr. Email:	
Property Manager Mailing Address:		Prop. Mgr. Phone No: Prop. Mgr. Alt. Phone No. (Opt.):	
This license is not a permit and does not authorize any occupation or activity which is otherwise not permitted by any regulation, rule or law, whether adopted by city, state or federal government. Persons having paid a Business License tax are not thereby relieved from the payment of any other fees or taxes required by city, state or federal government. The City has made no independent evaluation of, and does not warrant, the factual accuracy of the affidavits submitted herewith. Misrepresentations on this application are a violation of Carpinteria Municipal Code section 5.04.320.			
I certify under penalty of perjury that the information provided herein is true, correct and complete.			
_____ Owner Signature		_____ Printed Name & Title	_____ Date
Fees (checks only; please make checks payable to City of Carpinteria): <input type="checkbox"/> \$315.00 ⁴ (Initial Short-Term Rental Application/License Fee)		For Office Use Only: Date: _____ Receipt No.: _____ By: _____	
¹ Short-Term Rental is defined in Chapter 14.08 of the Carpinteria Municipal Code (CMC) as the rental of a residential unit for a period of thirty (30) consecutive calendar days or less. Short-Term Rentals include both Vacation Rentals and Home Stays, which are also defined in Chapter 14.08 of the CMC. ² Where multiple Residential Units are located on the same parcel, a separate application must be submitted for each Residential Unit. ³ Calculation of the total number of dedicated parking spaces for each Residential Unit <u>does not include street parking or general guest parking</u> . ⁴ This fee includes the state-mandated Disability Access Fee, which is used to increase disability access and compliance with construction-related accessibility requirements and to develop education resources for businesses to facilitate compliance with federal and state disability laws. Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants, with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: The Div. of State Architect, The Dept. of Rehabilitation, and The CA Commission on Disability Access. Additional fees may apply for inspections and review by the City's Building Division or Code Compliance staff for verification of compliance with building and safety codes.			
Zoning Verification / Certificate of Occupancy Clearance: <input type="checkbox"/> Yes <input type="checkbox"/> No Staff: _____			
_____ Community Development Department Signature		_____ Printed Name & Title	_____ Date
Attachment A: Application Submittal Checklist and Vacation Rental Overlay District Map	Attachment B: Code Compliance Affidavit	Attachment C: Insurance Affidavit	Attachment D: TOT Information and Sample Remittance Form



INITIAL APPLICATION SHORT-TERM RENTAL LICENSE-2018

Attachment A

Submittal Checklist for New STR Application (for renewals, see Application for Renewal of STR License)

Please Submit with Completed Application

Submittal Requirements

All STR Applicants:

Check Here

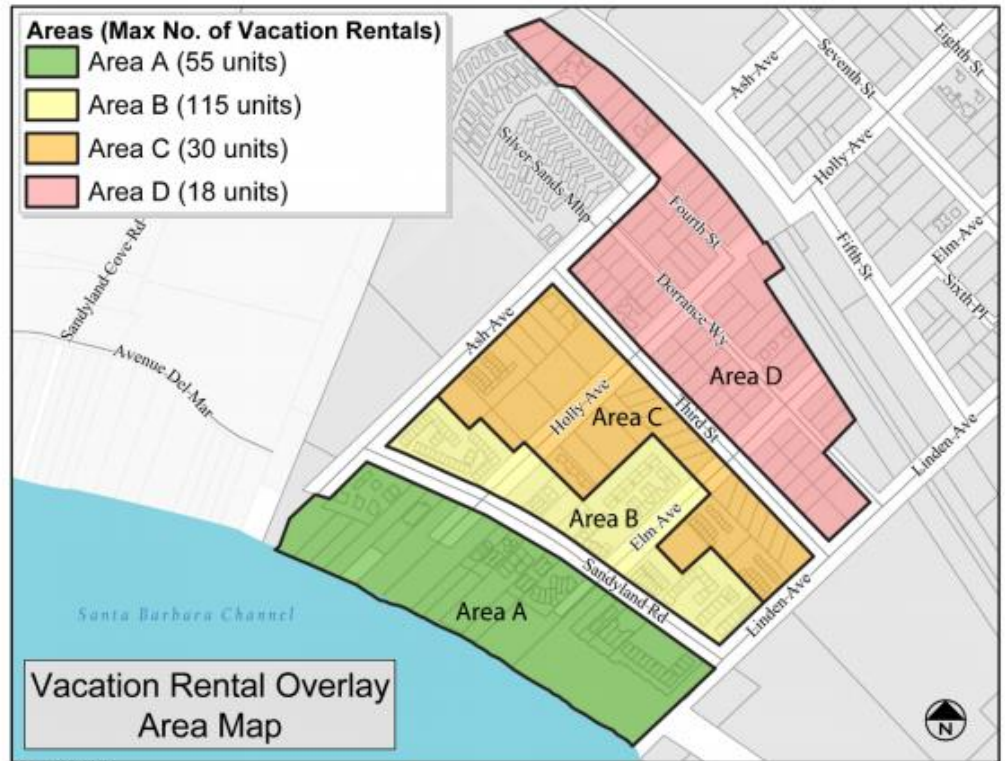
1. Completed Business Tax License and Transient Occupancy Tax Certificate Application for Short-Term Rental Use _____
2. Payment of \$315 (for renewals, see STR Renewal Application) _____
3. Signed Code Compliance Affidavit (see Attachment C) _____

If you are applying for a Vacation Rental License (not applicable for Home Stay Licenses):

4. A signed Insurance Affidavit (see Attachment D) _____
5. A copy of Certificate of Insurance evidencing that the Residential Unit being used as a Vacation Rental is covered by insurance, including but not limited to fire, hazard, and liability insurance. This Certificate, obtained from your insurance company, should include the owner's name and the rental property address _____

Contact the city for current number of available licenses in each area of the VROD. View a larger map on the city's website.

Vacation Rental Overlay District



If you have any questions, please contact the Community Development Department:

Call us: 805-755-4410; email us: STR@ci.carpinteria.ca.us; and/or visit <http://carpinteria.ca.us> for forms and FAQs



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Vacation Rental unit owner must sign and return the following with the application for Short-Term Rental Business Tax License and Transient Occupancy Tax Certificate.

Attachment B

City of Carpinteria

**Short-Term Rental License
Code Compliance Affidavit**
C.M.C. 14.47.070(h), 14.52.050(d)

I hereby attest that the residential unit at _____
meets all applicable building, health and safety standards.

Owner Signature: _____

Owner Name: _____

Date: _____



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Vacation Rental unit owner must sign and return the following with the application for Short-Term Rental Business Tax License and Transient Occupancy Tax Certificate.

Attachment C

City of Carpinteria

Vacation Rental License Insurance Affidavit

C.M.C. 14.47.070(f)

I hereby attest that the residential unit at _____
is covered by adequate and appropriate insurance for vacation rental use, including and not limited to fire, hazard
and liability insurance.

Owner Signature: _____

Owner Name: _____

Date: _____

In addition to the affidavit above, the applicant must submit a copy of Certificate of Insurance evidencing that the Residential Unit being used as a Vacation Rental is covered by insurance, including but not limited to fire, hazard, and liability insurance. This Certificate, which you can obtain from your insurance company, should include the owner's name and the rental property address.



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Attachment D TOT Information and Sample TOT Remittance Form

<p><u>Transient Occupancy Tax (TOT)</u></p>	<p><u>Sample TOT Form Below</u></p> <p>This form is available on our website or at Carpinteria City Hall.</p> <ul style="list-style-type: none"> • Please be sure you are using the current form. • Property managers submitting a single check for multiple units MUST break down the total amount for quarter for each residential unit (address and unit #) including units with 0 TOT. 																																																								
<p>For all Short-Term Rentals, a TOT statement and payment is due at the end of each quarter. Owners must submit the TOT remittance form even if the amount owed is \$0. More information is available on the City's website. A property manager may remit TOT for the unit, provided they include the total TOT due for your unit and identify your unit. If they are submitting 0 TOT on your behalf, ensure they are including that as well (not just omitting you from their list).</p> <p>The City of Carpinteria's fiscal year runs July 1 – June 30. TOT remittances are due as follows:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Fiscal Year Quarters</th> <th>TOT Remittance Due No Later Than</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Q1</td> <td style="text-align: center;">July 1 – September 30</td> <td style="text-align: center;">October 31</td> </tr> <tr> <td style="text-align: center;">Q2</td> <td style="text-align: center;">October 1 – December 31</td> <td style="text-align: center;">January 31</td> </tr> <tr> <td style="text-align: center;">Q3</td> <td style="text-align: center;">January 1 – March 31</td> <td style="text-align: center;">April 30</td> </tr> <tr> <td style="text-align: center;">Q4</td> <td style="text-align: center;">April 1 – June 30</td> <td style="text-align: center;">July 31</td> </tr> </tbody> </table>	Fiscal Year Quarters		TOT Remittance Due No Later Than	Q1	July 1 – September 30	October 31	Q2	October 1 – December 31	January 31	Q3	January 1 – March 31	April 30	Q4	April 1 – June 30	July 31	<div style="border: 1px solid black; padding: 10px;"> <p>Sample Form Details:</p> <p>Registration Certificate/Vacation Rental or Home Stay License # (for Multiple Vacation Rentals see form for Multiple Properties): _____</p> <p>Business/Licensee Name (Owner Name if Short Term Rental): _____</p> <p>Business/Short-Term Rental Street Address and Unit #: _____</p> <p>Assessor Parcel Number (APN): _____ (From your Property Tax Bill)</p> <p>Mail this form and your tax remittance to:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">City of Carpinteria</td> <td style="width: 50%;">Owner Name (if not above): _____</td> </tr> <tr> <td>5775 Carpinteria Avenue</td> <td>Owner Address: _____</td> </tr> <tr> <td>Carpinteria, CA 93103</td> <td>Owner City, State, Zip: _____</td> </tr> <tr> <td></td> <td>Property Manager, if applicable: _____</td> </tr> </table> <p><small>Pursuant to Carpinteria Municipal Code Chapter 3.20, this form must be completed for each license number and submitted with payment on or before the last day of the month following the close of each calendar quarter or at the close of any shorter reporting period which may be established by the city clerk, see table below. TOT remittance forms are due even in quarters where no taxes are due. Failure to submit TOT forms every quarter may result in penalties and fines due to non-compliance with City regulations.</small></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">TOT Remittance Calendar</th> </tr> <tr> <th>Check the quarter for which you are submitting TOT:</th> <th>Yes</th> <th>TOT Remittance Due No Later Than</th> </tr> </thead> <tbody> <tr> <td>Q1 July 1 – September 30</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">October 31</td> </tr> <tr> <td>Q2 October 1 – December 31</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">January 31</td> </tr> <tr> <td>Q3 January 1 – March 31</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">April 30</td> </tr> <tr> <td>Q4 April 1 – June 30</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">July 31</td> </tr> <tr> <td>Other (e.g. back TOT owed)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </tbody> </table> <p>Calculate Your Tax:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>A. Enter the total rents received for the period*</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>B. Allowable deductions (see below)**</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>C. Subtract line B from line A</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>D. Enter 12% of the amount on line C</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>E. Enter 10% of line D if paid after due date (for each month past due)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>F. ENTER TOTAL AMOUNT REMITTED (add lines D and E)</td> <td style="text-align: right;">\$ _____</td> </tr> </table> <p><small>*Includes cleaning fees collected</small></p> <p><small>**ALLOWABLE DEDUCTIONS: Rents received for rooms occupied for more than thirty days by the same tenant by prearranged written agreement. See CMIC Chapter 3.20 UNIFORM TRANSIENT OCCUPANCY TAX for complete information.</small></p> <p>I certify under penalty of perjury that all information in this report is, to the best of my knowledge, true, correct and complete:</p> <p>Prepared by / Signed: _____ Print name: _____</p> <p>Date: _____ Phone: () _____ Email: _____</p> <p style="text-align: center;"><small>QUESTIONS REGARDING TRANSIENT OCCUPANCY TAX? For Commercial Businesses please contact Lic@ci.carpinteria.ca.us or phone (805) 755-4448 For Short Term Rentals please contact STR@ci.carpinteria.ca.us or phone Lorena Esparza at (805) 684-5410</small></p> <p style="text-align: right;"><small>CityCap-TOT Form-May-2018</small></p> </div>	City of Carpinteria	Owner Name (if not above): _____	5775 Carpinteria Avenue	Owner Address: _____	Carpinteria, CA 93103	Owner City, State, Zip: _____		Property Manager, if applicable: _____	TOT Remittance Calendar			Check the quarter for which you are submitting TOT:	Yes	TOT Remittance Due No Later Than	Q1 July 1 – September 30	<input type="checkbox"/>	October 31	Q2 October 1 – December 31	<input type="checkbox"/>	January 31	Q3 January 1 – March 31	<input type="checkbox"/>	April 30	Q4 April 1 – June 30	<input type="checkbox"/>	July 31	Other (e.g. back TOT owed)	<input type="checkbox"/>		A. Enter the total rents received for the period*	\$ _____	B. Allowable deductions (see below)**	\$ _____	C. 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