

Town of Williamsburg
**ANNUAL REGISTRATION AND LICENSE TO PROVIDE
SHORT-TERM RENTALS**

1: Address of short-term rental facility: _____

2: Owner/Leaseholder name: _____

3: Name of short-term rental business if other than Owner/Leaseholder: _____

4: Attest that this is the primary residence of the Owner/Leaseholder by signing below:

_____ (Owner/Leaseholder) _____ Date)

5: Emergency contact telephone names and numbers: _____

6: Attach a copy of the Special Permit, for initial application or check for on File. _____

7: Attach a copy of the annual Fire Inspection.

8: Attach a copy of the annual Health Inspection.

9: Attach a copy of the Certificate of Registration with the Commonwealth of Massachusetts.

10: File with the Town Clerk.

Approval of License to Provide Short-Term Rentals

Received by Town Clerk:
Date:

Approved by Select Board or Designated Representative:
Date:

Date of Expiration of License: _____

Approval may be denied due to violations of Zoning and General Bylaws of the Town of Williamsburg.