



# TOWN OF CHESTER

## SHORT-TERM RENTAL (STR) REGISTRATION APPLICATION

*Hugh Quinn, STR Administrator*  
Town Hall, 556 Elm Street, P.O. Box 370, Chester, VT 05143  
(802) 875-2173 Fax (802) 875-2177 Email: [hugh.quinn@chestervt.gov](mailto:hugh.quinn@chestervt.gov)

### **Owner Information**

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Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Ownership is a Corporation or Partnership:  Yes  No  
(If yes, contact STR Administrator; if no, complete information below)

Driver's License Number: \_\_\_\_\_ License State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ On Active Duty in U.S. Armed Forces:  Yes  No

### **Property Management Information**

(Local Owner or Tenant can be Manager)

Name: \_\_\_\_\_

Management Company (if applicable): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Manager is located within Windsor or Windham County:  Yes  No  
(If no, contact STR Administrator at contact information above)

### **Rental Property Information**

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Physical 911 Address: \_\_\_\_\_

Nature of Rental:  whole house,  rooms in house,  accessory dwelling,  other  
(explain: \_\_\_\_\_)

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## Rental Occupancy

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Number of requested bedrooms: \_\_\_\_\_ times 2 occupants per bedroom: \_\_\_\_\_

Option to add plus 2 additional occupants (enter 2 or 0): \_\_\_\_\_

**Requested Short-Term Rental Occupancy:** \_\_\_\_\_

## Checklist of Supporting Documents

(all boxes that apply must be checked)

- For rentals with a capacity **greater than 8 guests**, copies\* of State Wastewater and Water Supply Permit and/or Chester Zoning Permit indicating number of approved bedrooms.
- For rentals with a capacity **greater than 8 guests**, an inspection report from the **Vermont Division of Fire Safety**.  
*Find the inspection request form [here](#)*
- The "**Vermont Short Term Rental Safety, Health and Financial Obligations**" form found has been completed and posted within the rental unit.  
*Find the Safety, Health and Financial Obligations form [here](#)*

*\*Copies do not have to be provided if required documents are confirmed by the STR Administrator to be on file at the town offices.*

<b>REGISTRATION FORM VERIFICATION</b>
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Boxes must be checked, and form must be signed and dated.

- I declare the information contained in this application is true and correct to the best of my knowledge.
- I declare I have owned the property named in this application for more than 1 year.
- I understand that advertising this short-term rental for more than the maximum number of approved guests is a violation of the Town of Chester Ordinance to Regulate the Operation of Short-Term Rentals.
- I declare that I have liability insurance of not less than \$1,000,000 specific to the renting of short-term vacation rentals, or that such short-term rental insurance is offered through a hosting platform that maintains equal or greater coverage.

Signature of Owner or Manager: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

# ANNUAL SHORT-TERM RENTAL REGISTRATION FEES

A separate application must be submitted and a separate fee paid  
For each short-term rental unit

SHORT-TERM RENTAL UNIT:	FEE:
"Hosted" meaning a room or group of rooms located within a Host's primary residence or an accessory dwelling or cabin on the premise of the Host's primary residence.	\$150.00
"Non Hosted" meaning a furnished house, condominium, apartment or an accessory dwelling or cabin that is not the Host's primary residence or located on the premises or property of the Host's primary residence.	\$600.00

**Amount Paid:** \$ \_\_\_\_\_

## Payment and Delivery Methods

- Credit Card via the paygov.us application available on the home page of the chestervt.gov website. A fee of 3% will be charged.
- Check (check # \_\_\_\_\_ ) mailed or delivered with the application.
- Cash hand-delivered or in sealed envelope placed with application in secure drop box at town offices (Door on the right-hand side of the town hall front porch).
- Call the Town Clerk at 802.875.2173 to give checking account information (no fee will be charged) or a credit card number (which charges a 3% fee).

Deliver the application ·via fax at 802.875.2177, ·via e-mail to [hugh.quinn@chestervt.gov](mailto:hugh.quinn@chestervt.gov), ·via USPS at PO Box 370 Chester VT 05143, ·by bringing it to the Town Hall during business hours: 8:00 AM – 12:00 PM and 1:00 PM – 4:00 PM M – F or ·by dropping it in the secure drop box in the door on the right-hand side of the town hall front porch.

OFFICE USE ONLY	Date Received:	Application #:	Parcel ID:
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