



TOWN OF STONINGTON, MAINE
Permitting and Inspections Department

SHORT TERM RENTAL UNIT REGISTRATION APPLICATION

Please use this application to register or annually renew each rental unit. A rental unit is any portion of a residential structure that is available to rent for any length of time to an individual. Stonington ordinances require an owner, manager, and any other person/entity responsible for the property to register all rental units. Registration is due annually by January 1. A registration application is not complete until payment and all accompanying paperwork are received.

Year Round Rentals (LRR)	First Unit	\$	5.00
	Second Unit	\$	5.00
	Third Unit	\$	5.00

Short Term Rentals (STR)
A short-term rental is less than 30 days.

Registration Fees:

Owner Occupied or Stonington resident-owned Units STR	First Unit	\$	50.00
	Second Unit	\$	100.00
	Third Unit	\$	150.00

Non-Owner Occupied STR Units	First Unit	\$	250.00
	Second Unit	\$	500.00
	Third Unit	\$	1,000.00
	Any Additional	\$	2,000.00

Version 04/03/2023



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SECTION 1: PROPERTY INFORMATION		
Street Number	Street Name	Map & Lot Number

Type of Property*	
Total Number of Units on Property:	

*If located in a condominium or homeowners association, you attest that the use of the unit as a short term rental is allowed. Yes No . Please note, i.e., Room in Private Home, Seasonal, Accessory Dwelling Unit.

SECTION 2: OWNER INFORMATION (COMPLETE AT LEAST ONE LISTED BELOW)		
A. Individual Ownership:		
Owner First Name	Owner Last Name	Primary Telephone Numbers
Mailing Address		Email Address
B. Corporate Ownership:		
**A completed Supplemental Corporation Sheet must be submitted with the application.		
Ownership form (please select from): Partnership Corporation LLC Other (please explain)		
Corporate Name		Primary Telephone Numbers
Mailing Address		Email Address



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SECTION 3: AUTHORIZED AGENT (if different than owner)

If property owner is a partnership, corporation, LLC or any other form of business entity, the authorized agent must be an individual who resides in the State of Maine.

Registered Agent First Name	Registered Agent Last Name	Telephone Number
Mailing Address		Email Address

SECTION 4: PROPERTY MANAGER (if different than owner)

Property Manager Name	Telephone Number
Mailing Address	Email Address

SECTION 5: EMERGENCY CONTACT FOR PROPERTY (if different than owner)

Emergency Contact Name	Telephone Number
Address	Email Address

SECTION 6: RENTAL UNIT REGISTRATION PER MAP AND LOT

Please describe the rental unit(s) by indicating the following:

Unit # (Describe units)*	Number of nights (Short Term)**	Number of nights (YRR, seasonal)*†	# of BR	# of Baths	does this unit have a kitchen?	Owner Occupied	Non Owner Occupied

*If renting a room(s), please describe as Guest bedroom A, Master bedroom, Basement bedroom, etc. **Report the number of nights rented the previous year from 1/1 through 12/31.

Note: Owner Occupied is defined as a unit on property on which the owner is present during the rental or any unit owned and rented by a Stonington resident.



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Did you complete?

- Rental Housing Registration Application
- Provide a notarized Primary Residence Affidavit (unless a non-owner occupied unit).
- Corporate Disclosure
- Evidence of primary residence

Payment Information:

Pay the registration fee:

- in person by cash, check, or credit card;
- mail a check - Make checks payable to "Town of Stonington", note the address on the check and include with application.

Please return completed application, documents and fees to:

Town Office
32 Main Street, P.O. Box 9
Stonington ME 04681

For More Information:

See <https://www.stoningtonmaine.org/documents-resources/ordinances.php>

To the best of my knowledge, I certify that the information being registered is true and correct.

Signature		Telephone Number
Relationship to Property	Date	Email Address

*****Office Use Only*****



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CORPORATE DISCLOSURE

The answers to questions 1-4 must match the information on file with the Maine Secretary of State's office. Your certification must be in good standing. If you have questions regarding this information, please call the Secretary of State's office at (207) 624-7752. Please clearly complete this form in its entirety. Thank you.

1. Exact legal name: _____
2. Doing Business As, if any: _____
3. Date of filing with Secretary of State: _____ State in which you are formed: _____
4. If not a Maine business entity, date on which you were authorized to transact business in the State of Maine: _____
5. List the names, addresses, and titles of the officers and directors and list the percentage of ownership (attach additional sheets as needed):

NAME	CURRENT ADDRESS	TITLE	OWNERSHIP %

(Stock ownership in non-publicly traded companies must add up to 100%.)

Signature: _____ **Date:** _____
 Signature of Owner or Corporate Officer

 Print Name of Owner or Corporate Officer



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PRIMARY RESIDENCE AFFIDAVIT

I, _____, represent under oath that the following statements are true and correct to my personal knowledge:

- 1. I reside at _____, Stonington, Maine, Map and Lot # _____ (the "Residence").
2. The Residence is currently my legal residence for government purposes, including income and property taxes and exemptions, voting, vehicle taxes and registration, licensing, benefits, and others, as applicable.
3. I reside at the Residence for more than one-half of the calendar year.
4. The Residence will remain my legal residence for more than one-half of the calendar year.
5. I have provided one of the following documents:
a. Valid Driver's License or State issued Identification _____
b. Valid motor vehicle registration _____
c. Proof of homestead exemption: _____
d. Other (please list): _____

Date:

Signature

Personally appeared before me the above-named affiant and made oath that the foregoing affidavit is true and correct to his/her personal knowledge.

Date: _____

Notary Public/Attorney at Law

Staff Use Only:

Table with 2 columns: Type of Verification Document, Staff Initials.