

For office use only

Tax Map # \_\_\_\_\_  
Date Received \_\_\_\_\_  
Fee Received (Date & check #) \_\_\_\_\_  
Referral to CEO (date) \_\_\_\_\_  
CEO Inspection Date \_\_\_\_\_

911 Address \_\_\_\_\_  
Zoning District \_\_\_\_\_  
School District \_\_\_\_\_  
CEO approval Date (if applicable) \_\_\_\_\_  
CEO Denial Date (if applicable) \_\_\_\_\_

**VILLAGE OF ATHENS**  
**APPLICATION FOR SHORT TERM RENTAL REGISTRATION**

**1- Statement of Ownership and Interest**

The Applicant(s) \_\_\_\_\_

Is/are the owners of property located at (Tax Map #) \_\_\_\_\_

The Applicant(s) Mailing Address is \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact Name (must be reachable in an emergency) \_\_\_\_\_

Emergency Contact Phone Numbers - Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

911 Address of Short Term Rental Residence \_\_\_\_\_

Number of Bedrooms \_\_\_\_\_ Number of Bathrooms \_\_\_\_\_

Maximum Number of Occupants \_\_\_\_\_

Number of Parking Spaces \_\_\_\_\_

**2- Site Visit**

During Application Review CEO may conduct a Site Visit. If you object please check this box

**3 —Declaration**

I/We declare that the statements contained herein are true and I/We have not knowingly or willfully given a false statement or false information or omitted information in connection with this application

Signature of Owner(s) \_\_\_\_\_

Date \_\_\_\_\_

Effective 12/10/2025

FEE for resident- \$350.00

FEE for non-resident- \$550.00

Please make checks payable to: Village of Athens, 2 First Street, Athens, N.Y. 12015