

Shadow Bay Short Term Rental Application

Owner(s): _____ Email: _____

Owner primary residence address: _____

Owner rental address in Shadow Bay: _____

Telephone # _____ Alternate _____

Please provide the following information:

Are you planning a short-term rental of the property? A "Short Term Rental" is a single-family lot or dwelling rented for monetary consideration of more than \$15.00 per night for a period of time less than thirty (30) consecutive days.

You must answer all the following questions on the application.

1. Will the record owner(s) of the property continue to reside at the property? _____
2. How many driveway spaces are available at all times for parking vehicles? _____
Parking in yard or street right of way is not permitted.
3. How many total bedrooms are located in the home? _____
4. How many bedrooms will be made available or short-term rental in the home? _____
5. Will the short-term renter have key card access and a guest pass for the boat ramp? _____
6. What is the advertised shortest stay for a renter (number of nights) at the property? _____
7. What is the advertised longest stay for a renter (number of nights) at the property? _____
8. How will the property be advertised for rental (please list all web sites, real estate professions and/or third-party listing sites and contact information for each service)? _____

9. Please provide the Texas Questionnaire for Hotel Occupancy Tax as submitted to the Comptroller for the State of Texas. Do you intend to pay hotel occupancy taxes? _____
10. What is the anticipated average number of nights per year you intend to rent the property for short term rentals? _____
11. Name of the Designated Responsible Party (definition below) if NOT the record owner?

(a) Address _____
(b) Email address _____
(c) Telephone # _____ Alternate # _____
(d) _____

Owner Signature _____ Date _____ Owner Signature _____ Date _____

Accept ___ Reject ___ Shadow Bay office signature: _____ Date _____

"Designated Responsible Party" is a person residing in the area who is available to IMMEDIATELY respond.



Texas Questionnaire for Hotel Occupancy Tax

GLENN HEGAR

TEXAS COMPTROLLER OF PUBLIC ACCOUNTS

GENERAL INSTRUCTIONS

WHO MUST SUBMIT THIS QUESTIONNAIRE – You must submit this questionnaire if you are an individual, partnership, corporation or organization operating a hotel in Texas.

DEFINITIONS –

- **HOTEL:** A hotel is a building in which members of the public obtain sleeping accommodations for consideration. Examples include hotels, motels, bed and breakfasts, rooming houses, skid mounted bunkhouses, tourist houses, tourist courts, manufactured homes, residency inns, condominiums, cabins and cottages.
- **BUSINESS LOCATION:** Any location where you provide sleeping accommodations for consideration.

NOTE: If you have been in operation and have not submitted a questionnaire, you will need to file reports and pay tax, plus applicable penalty and interest for the period of time you have been in business.

FOR ASSISTANCE – If you have any questions about this questionnaire, contact your nearest Texas State Comptroller's field office or call 1-800-252-1385.

AMERICANS WITH DISABILITIES ACT – In compliance with the Americans with Disabilities Act, this document may be requested in alternative formats by calling 1-800-252-5555. Hearing impaired taxpayers may call via 1-800-RELAY-TX.

FEDERAL PRIVACY ACT - Disclosure of your social security number is required and authorized under law, for the purpose of tax administration and identification of any individual affected by applicable law. 42 U.S.C. §405(c)(2)(C)(i); Tex. Govt. Code §§403.011 and 403.078. Release of information on this form in response to a public information request will be governed by the Public Information Act, Chapter 552, Government Code, and applicable federal law.

If you are hiring one or more employees, please contact the Texas Workforce Commission (TWC) at 512-463-2699 or your local TWC tax office to determine if you are liable for payroll taxes under the Texas Unemployment Compensation Act.

Complete this application and mail it to
COMPTROLLER OF PUBLIC ACCOUNTS
111 E. 17th Street
Austin, TX 78774-0100

Under Ch. 559, Government Code, you are entitled to review, request and correct information we have on file about you, with limited exceptions in accordance with Ch. 552, Government Code. To request information for review or to request error correction, contact us at the address or number listed on this form.

Texas Questionnaire for Hotel Occupancy Tax

• TYPE OR PRINT

• Do NOT write in shaded areas.

SOLE OWNER IDENTIFICATION

1. Name of sole owner (First, middle initial and last name) _____
2. Social Security Number (SSN) _____ Check here if you DO NOT have a SSN.
3. Taxpayer number for reporting any Texas tax OR Texas identification number if you now have or have ever had one. _____

NON-SOLE OWNER IDENTIFICATION

--- ALL SOLE OWNERS SKIP TO ITEM 9. ---

4. Business Organization Type
- | | | |
|---|--|---|
| <input type="checkbox"/> Profit Corporation (CT, CF) | <input type="checkbox"/> General Partnership (PB, PI) | <input type="checkbox"/> Business Trust (TF) |
| <input type="checkbox"/> Nonprofit Corporation (CN, CM) | <input type="checkbox"/> Professional Association (AP, AF) | <input type="checkbox"/> Trust (TR) <small>Please submit a copy of the trust agreement with this application.</small> |
| <input type="checkbox"/> Limited Liability Company (CL, CI) | <input type="checkbox"/> Business Association (AB, AC) | <input type="checkbox"/> Real Estate Investment Trust (REIT, TI) |
| <input type="checkbox"/> Limited Partnership (PL, PF) | <input type="checkbox"/> Joint Venture (PV, PW) | <input type="checkbox"/> Joint Stock Company (ST, SF) |
| <input type="checkbox"/> Professional Corporation (CP, CU) | <input type="checkbox"/> Holding Company (HF) | <input type="checkbox"/> Estate (ES) |
| <input type="checkbox"/> Other (explain) _____ | | |
5. Legal name of corporation, partnership, limited liability company, association or other legal entity _____
6. Taxpayer number for reporting any Texas tax OR Texas identification number if you now have or have ever had one. _____
7. Federal Employer Identification Number (FEIN) assigned by the Internal Revenue Service 1 _____ - _____
8. Check here if you do not have an FEIN. 3 _____

BUSINESS INFORMATION

9. Mailing address
Street number, P.O. Box, or rural route and box number _____
- City _____ State/province _____ ZIP code _____ County (or country, if outside the U.S.) _____
10. Name of person to contact regarding day to day business operations _____ Daytime phone _____
11. Principal type of business
- | | | | | | |
|--|--|--|--------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Transportation | <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Mining | <input type="checkbox"/> Communications |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Utilities | <input type="checkbox"/> Insurance | <input type="checkbox"/> Public Administration |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Other (explain) _____ | | | |
12. Primary business activities and type of products or services to be sold _____ NAICS _____

TAXPAYER INFORMATION

If you are a SOLE OWNER, skip to Item 18.

13. If the business is a Texas profit corporation, nonprofit corporation, professional corporation or limited liability company, enter the file number issued by the Texas Secretary of State and date. File number _____ Month _____ Day _____ Year _____
14. If the business is a non-Texas profit corporation, nonprofit corporation, professional corporation or limited liability company, enter the state or country of incorporation, charter number and date, and if the corporation has a Texas Certificate of Authority, enter the file number and date.
- | | | | | |
|-----------------------------|----------------------|----------------------------------|---|----------------------------------|
| State/country of inc. _____ | Charter number _____ | Month _____ Day _____ Year _____ | Texas Certificate of Authority number _____ | Month _____ Day _____ Year _____ |
|-----------------------------|----------------------|----------------------------------|---|----------------------------------|
15. If the business is a corporation, has the business been involved in a merger within the last seven years? YES NO If "YES," attach a detailed explanation.
16. If the business is a limited partnership or registered limited liability partnership, enter the home state and registered identification number. State _____ Number _____
17. List general partners, principal members/officers, managing directors or managers (Attach additional sheets, if necessary.)
- | | | |
|---|------------------------------|--|
| Name _____ | Title _____ | Phone (Area code and number) _____ |
| Home address _____ | City _____ | State _____ ZIP code _____ |
| SSN or FEIN _____ | Percent of ownership _____ % | County (or country, if outside the U.S.) _____ |
| Position held <input type="checkbox"/> Partner <input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Corporate Stockholder <input type="checkbox"/> Record keeper | | |
- Name _____ Title _____ Phone (Area code and number) _____
- Home address _____ City _____ State _____ ZIP code _____
- SSN or FEIN _____ Percent of ownership _____ % County (or country, if outside the U.S.) _____
- Position held Partner Officer Director Corporate Stockholder Record keeper

Texas Questionnaire for Hotel Occupancy Tax

• TYPE OR PRINT

• Do NOT write in shaded areas.

18. Legal name of entity (Same as Item 1 OR Item 5)

19. Business location name and address (Attach additional sheets for each additional location.)

Business location name

Street and number (Do not use P.O. Box or rural route.) City State ZIP code County

Physical location (If business location address is a rural route and box number, provide directions - e.g., "2 miles west of Austin on FM 2222.") Business location phone

20. Is your business located inside the city limits? YES NO

21. Brief description of your business activities for this location.

22. Enter the date of the first business operation in the above location that is subject to hotel occupancy tax, or the date you plan to start such business operation (Date cannot be more than 90 days in the future.)

23. Enter the number of rentable rooms

24. Do you own or rent/lease property at this location? OWN RENT/LEASE

If you rent or lease the real property, enter the property owner's name and address.

Property owner's name

Property owner's address

PREVIOUS OWNER INFORMATION

If you purchased an existing business or business assets, complete Items 25-28.

25. Previous owner's trade name. Previous owner's taxpayer number, if available

26. Previous owner's legal name, address, and phone number, if available.

Name Phone (Area code and number)

Address (Street and number) City State ZIP code

27. Check each of the following items you purchased.

Inventory Corporate stock Equipment Real estate Other assets

28. Purchase price of this business or assets and the date of purchase.

Purchase price \$ Date of purchase Month Day Year

SIGNATURES

29. The sole owner, all general partners, corporation or organization president, vice-president, secretary or treasurer, managing director, or an authorized representative must sign. A representative must submit a written power of attorney. (Attach additional sheets if necessary.)

Date of signature(s)
Month Day Year

I (We) declare that the information in this document and any attachments is true and correct to the best of my (our) knowledge and belief.

Type or print name and title of sole owner, partner, or officer Driver license number/state **sign here** Sole owner, partner, or officer

Type or print name and title of partner or officer Driver license number/state **sign here** Partner or officer

Type or print name and title of partner or officer Driver license number/state **sign here** Partner or officer

FOR COMPTROLLER USE ONLY

USERID _____

Date _____