

**CRESTED BUTTE SOUTH PROPERTY OWNERS ASSOCIATION**

61 TEOCALLI ROAD, CRESTED BUTTE, CO 81224  
PHONE (970) 349-1162, WEBSITE: www.cbsouth.net, FAX (970) 349-1163

**Short Term Rental Application**

Please complete all required information, read and sign/date the attached affidavit.  
Renewal of permit and application will be required every two years. A \$50.00 application fee applies. The Affidavit is due annually, each January for all rental properties.

**GENERAL INFORMATION**

<b>Owner Name:</b> _____
<b>Mailing Address:</b> _____
<b>Main Phone:</b> _____ <b>Alt. Phone:</b> _____
<b>Email address:</b> _____

**RENTAL PROPERTY INFORMATION**

<b>Property Street Address:</b> _____
<b>Please circle:</b> Entire house - Private room - Apartment/Condo
<b>Number of Bedrooms:</b> _____ <b>Number of dedicated parking Spaces:</b> _____

**RESPONSIBLE PARTY INFORMATION**

<b>Representative Name (if not owner) :</b> _____
<b>Company Name:</b> _____
<b>Main Phone:</b> _____ <b>Alt. Phone:</b> _____
<b>Email address:</b> _____

**ADMINISTRATIVE USE ONLY:**

Application received by: _____	Date: ____/____/____
Application fee amount collected: _____	
Permit issued: NO _____ YES _____	Date: ____/____/____

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**Affidavit**

By signing this Affidavit, I represent that all information contained in this application is true and correct to the best of my knowledge, and acknowledge and agree to abide by the requirements and restrictions of the CB South POA, as well as all state and local regulations.

1. I affirm that the identified property was rented short term (less than 30 consecutive days) on \_\_\_\_\_ occasions for a total of \_\_\_\_\_ rental days during the calendar year.
2. As required under Colorado state statute, I have or will obtain a state sales tax license and will promptly remit all applicable taxes in conformance with the state and local law.  
State Tax License number: \_\_\_\_\_.
3. The rental of the property herein described is permissible under all applicable local zoning and the Gunnison County Land Use Resolution and any covenants and restrictions imposed by any owners' association with authority over the property.
4. I agree that the Crested Butte POA does not inspect rental units for conformance with applicable building codes prior to occupancy, that I am responsible for maintaining the property for health and safety, and to indemnify, defend, and hold harmless the Crested Butte POA from any action resulting from damage, loss, injury, including death, of any occupant of the rental property herein described.
5. I have read and understand the requirements, restrictions, and standards of CB South POA and shall comply therewith.

**Note:** A Short-term Rental Permit will be issued after the application has been reviewed and approved in accordance with CB South POA Policy regarding Short Term Rentals. Specific terms and conditions may be included in the permit. All permits will be issued to the owner(s) of the property. A change in ownership requires the new property owner to apply for a new permit. Short-term rental permits expire after two-years.

**Signature of Owner 1:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature of Owner 2:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_