



COMMUNITY DEVELOPMENT DEPARTMENT

AFFIDAVIT SHORT-TERM RENTAL

I am the owner of the property located at the address identified. I operate a permitted short-term rental at this location. Consistent with Gig Harbor Municipal Code (GHMC) 17.85.030(D) I am renewing the existing Gig Harbor business license associated with such short-term rental permit. Such renewal requires submission of this affidavit affirming that that the general regulations of [GHMC 17.85.040](#) have been met.

By signing this affidavit, I affirm that the general regulations of GHMC 17.85.040 have been met in relation to my operation of a short-term rental at the address identified below.

Short-term rental address:

Owner's Name (List all Owners)

Owner Signature

Date

Owner Signature

Date

Mailing Address:

Phone:

Email:

STATE OF WASHINGTON }
 } ss.
COUNTY OF PIERCE }

On this _____ day of _____, 20____, before me, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared _____, who executed the foregoing instrument and acknowledged the said document to be the free and voluntary act and deed of said individual for the uses and purposes therein mentioned, and on oath stated that he or she was authorized to execute said document.

IN WITNESS WHEREOF I have given under my hand and official seal this _____ day
of _____, 20_____.

Notary Public in and for the State of Washington.

Print Name _____

Residing at _____

My commission expires _____

STATE OF WASHINGTON }
 } ss.
COUNTY OF PIERCE }

On this _____ day of _____, 20____, before me, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared _____, who executed the foregoing instrument and acknowledged the said document to be the free and voluntary act and deed of said individual for the uses and purposes therein mentioned, and on oath stated that he or she was authorized to execute said document.

IN WITNESS WHEREOF I have given under my hand and official seal this _____ day
of _____, 20_____.

Notary Public in and for the State of Washington.

Print Name _____

Residing at _____

My commission expires _____