



Short-Term Rental (STR) Wait List Application

Completion of this form indicates the desire for the STR property noted below to be on the STR wait list. Complete all fields and submit to the Zoning Department at City Hall (301 E. Superior St., Munising, MI 49862). Incomplete applications will not be processed. Submission of this form places the property on the STR wait list only and does not constitute approval or a permit to operate a STR.

Short-Term Rental Property Information:

STR Property Address	
Parcel Number	
Parking Spaces	
# of Bedrooms	
# of Bathrooms	
Max Sleeping Capacity	

Property Owner Information:

Property Owner Name	
Mailing Address	
Email	
Phone	

Owner Certification

I certify that the information provided above is true and accurate to the best of my knowledge. I understand that placement on the wait list does not guarantee a permit and that I must comply with all applicable ordinances, licensing, and inspection requirements before operating a short-term rental.

Owner Signature: _____ Date: _____

For Office Use Only

Date Received	
Wait List Position #	
Received By	
Zoning District	
Allowed/Not Allowed	Approved to be on Waitlist Yes/No (circle one): Date: _____ Name: _____
Notes:	



Short-Term Rental (STR) Permit Application

Completion of this form indicates the request to operate a permitted STR within the City of Munising. Complete all fields, attach the required documents, and submit with the application fee to the Zoning Department at City Hall (301 E. Superior St., Munising, MI 49862). Incomplete applications will not be processed.

Short-Term Rental Property Information

STR Property Address	
Parcel Number	
Zoning District	
# of Bedrooms / # of Bathrooms	
Max Sleeping Capacity	

Property Owner Information

Property Owner Name	
Mailing Address	
Email	
Phone	

Operator Information (☐ Check if the Operator is the same as the Property Owner)

Operator Name	
Mailing Address	
Email	
Phone	

Local 24-Hour Contact (must reside within 25 miles of the property)

Provide a local contact who can respond to issues at the property at any time, 24 hours a day.

Local Contact Name	
24-Hour Phone Number	
Local Address	
Email	

Proof of Insurance

Attach proof of liability insurance with a minimum coverage of \$1,000,000.

Insurance Carrier	
Policy Number	
Liability Coverage Amount	
Policy Expiration Date	



City of Munising – DRAFT Short-Term Rental Permit Application

Required Attachments

- ☐ **Proof of insurance** (minimum \$1,000,000 liability coverage)
- ☐ **Site Plan** - Showing: a floor plan of the STR with room sizes and uses, all exterior exits, including lawful egress windows, and location of all carbon monoxide detectors, smoke detectors, fire extinguishers and exit signs, location of emergency contact numbers, and the location of required City ordinances in the short-term rental.

Fees

- ☐ **Application fee:** \$500 (due at submission)
- ☐ **Proof of Insurance**

Owner Certification

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that submitting this application does not guarantee approval and that I must comply with all applicable ordinances, licensing, and requirements before operating a short-term rental. A Public Hearing must be held, and public input collected at said public hearing; the Planning Commission will then review and approve or deny this application.

Owner Signature: _____

Date: _____

For City Use Only

Date Received	
Received By	(Staff Member Name)
Application Fee Received	(Date & payment method)
Annual Fee Received	(Date & payment method)
Insurance Verified	(Date & who verified)
Site Plan Received	(Date)
Planning Commission Approval/Denial	(Meeting date)
Notes	



Short-Term Rental (STR) Annual Permit Renewal

Completion of this form indicates the intent to continue operation of a permitted STR for another year. Complete all fields, attach the required documents, and submit with the application fee to the Zoning Department at City Hall (301 E. Superior St., Munising, MI 49862). Incomplete applications will not be processed.

Short-Term Rental Property Information

STR Property Address	
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Property Owner Information

Property Owner Name	
Mailing Address	
Email	
Phone	

Operator Information (☐ Check if the Operator is the same as the Property Owner)

Operator Name	
Mailing Address	
Email	
Phone	

Local 24-Hour Contact (must reside within 25 miles of the property)

Provide a local contact who can respond to issues at the property at any time, 24 hours a day.

Local Contact Name	
24-Hour Phone Number	
Local Address	
Email	

Proof of Insurance

Attach proof of liability insurance with a minimum coverage of \$1,000,000.

Insurance Carrier	
Policy Number	
Liability Coverage Amount	
Policy Expiration Date	

Core Fire and Life Safety Precautions

Fire Extinguisher (s)	(Number of)
Smoke Detectors	(Number of)
Carbon Monoxide Detectors	(Number of)



City of Munising – Short-Term Rental Annual Permit Renewal

Changes at the property

List any significant changes to the property or updates to the STR unit.

Property Changes/Upgrades	
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Required Attachments

☐ **Proof of insurance** (minimum \$1,000,000 liability coverage)

Fees

☐ **Annual fee:** \$150 (due annually in January)

Owner Certification

I certify that I intend to operate my permitted STR in the City of Munising during the next calendar year, and understand that I need to submit a Short-Term Rental (STR) Annual Renewal Intent Form each year by January 31st to the City of Munising to operate my STR. I certify that the information provided in this form is true and accurate to the best of my knowledge. I understand that I must comply with all applicable ordinances, licensing, and requirements when operating a short-term rental.

Owner Signature: _____ Date: _____

For Office Use Only

Date Received	(Date)
Received By	(Staff Member Name)
Notes	