

**Short-Term Rental License Application**  
Village of Bear Lake, Manistee County  
12016 Russell Street  
P.O. Box 175  
Bear Lake, Michigan 49614

**Please return the completed form with application fee and required attachments to address shown above. Email questions to [clerk@villageofbearlakemi.gov](mailto:clerk@villageofbearlakemi.gov)**

**Short-Term Rental Property Information**

Rental Dwelling Address: \_\_\_\_\_

Property Tax ID #: \_\_\_\_\_ Zoning District: \_\_\_\_ DBO or \_\_\_\_ M1

Number of Sleeping Areas: \_\_\_\_\_ Number of Bathrooms: \_\_\_\_\_ Maximum  
Number of Occupants: \_\_\_\_\_

**Local Contact Information** *(Within 25 miles of the Short-Term Rental)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Owner Information** *(List ALL owners of the property)*

Include the name, mailing address, phone number and email address of each owner of the property as shown on the deed . You may provide this information for multiple owners on separate sheet(s).

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address if Different: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Documents Required with Application:**

- Copy of current property tax bill
- Copy of current property insurance
- Floor plan showing, the location and length and width of each sleeping area and bathroom(s)
- Fee based upon number of approved guests
- Proof of septic system inspection by a licensed septic professional not less than every three years by a licensed inspector showing no deficiencies and adequate capacity for the requested maximum number of guests on license.

An inspection of the STR property will be conducted prior to a license being issued. The STR Administrator will contact the owner of the property as shown on the deed and the local contact person to schedule the inspection after receiving this application and the application fee:

**Requirements for Inspection:**

- Inspectors will confirm sleeping areas, occupancy, bathroom and parking spaces as dictated by the dimensions in the Ordinance and verify against what is on the application.
- This STR has working (and not expired) "Class ABC" fire extinguishers on each floor and by the stove.
- This STR has functioning smoke detectors on each floor.
- This STR has functioning carbon monoxide detectors on each floor.
- This STR has egress from each sleeping area to the exterior of the dwelling unit.
- Owner agrees to post in the rental in a visible location the "Good Neighbor Guidelines" as provided by the Village.
- No substantiated Blight or Zoning Ordinance infractions and no unpaid water bills for the current owner and the property in question during the prior 12 months.

**Additional Information:**

☐ This STR will be registered with one or more vacation rental companies as shown below and the advertisement must indicate the Village STR License number assigned to the property.

List all vacation rental companies on which you plan to list this property over the next year:

Rental Company Name	Rental Company Name

**NOTE: All listings of an STR MUST include the approved Village license number.**

**SIGNATURES:**

I (we), agree the statements made above are true and accurate, and if found not to be true, any Short-Term Rental (STR) license that may be issued may be revoked. Further, I agree any license that may be issued is with the understanding that all applicable sections of the Village of Bear Lake STR, Zoning and Blight Ordinances along with any other applicable Village Ordinances will be complied with. Further, I understand that it is my obligation to notify the Village of Bear Lake of any and all changes regarding this document.

Signature of Property Owner(s): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Local Contact: \_\_\_\_\_ Date: \_\_\_\_\_

**2024 STR LICENSES ALLOWED IN PERMITTED ZONING DISTRICT:**

STR Permitted Zoning District	Number of STRs Permitted in District	Minimum Distance Separating STRs
DBO	2	3 Lots
M1	2	2 Lots

**2024 ANNUAL STR APPLICATION FEE: \$200** Nonrefundable fee unless the application is withdrawn or denied prior to the start of the Inspection process.

**2024 ANNUAL STR LICENSE FEE:**

The Annual License Fee (shown below) is based upon the number of guests the structure is approved to house based upon the Ordinance :

Maximum Guests Approved	Annual Fee
1-4	\$300
5-8	\$450
9-12	\$600

**2024 STR ORDINANCE VIOLATION FINE SCHEDULE:**

	<u>Minimum Fine</u>	<u>Maximum Fine</u>
First Offense	\$250	\$350
Second Offense	\$500	\$700
Third Offense*	\$1,000	\$1,300

\*The third offense within a calendar year may result in the STR license being revoked for either the balance of the year for which the license was issued or a penalty of not being permitted a license for the following calendar year, whichever is greater.

**NOTES:**

- License applications for the year will be processed on a first come first serve basis each calendar year.
- Completion of this form does not constitute approval of a short-term rental license.
- Upon approval of a license, written acknowledgement and a copy of the license will be mailed to the address listed on this form.

Date STR License Application Received (Office Use Only) \_\_\_\_\_

Date STR Application Fee Received: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Check or Money Order Number: \_\_\_\_\_

Date STR Application Forwarded to Administrator: \_\_\_\_\_

Date STR Inspection Scheduled with Property Owner(s) and Local Contact: \_\_\_\_\_

------(Office Use Only - Check if attached)-----

\_\_\_\_\_ Copy of current property tax bill

\_\_\_\_\_ Copy of current property insurance

\_\_\_\_\_ Floor plan of STR showing location and length and width of each sleeping area and bathroom(s)

\_\_\_\_\_ Proof of septic system inspection not less than every three years by a licensed inspector showing no deficiencies and adequate capacity for the requested maximum number of guests on license.

\_\_\_\_\_ Fee based upon number of approved guests

**(Office Use Only.** For each application review, property review and/or inspection, indicate below the date and persons involved including staff member name(s), inspector(s) and/or owner or Local Contact contacted by phone, email or met with in person.)

[illegible]

[illegible]

**FINAL DISPOSITION:**

**License Issued:** \_\_\_\_ **Yes**    Date: \_\_\_\_\_ License Number and Year \_\_\_\_\_

License Fee (nonrefundable and based upon maximum approved

occupancy): \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ Check No: \_\_\_\_\_

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\_\_\_\_ **No**    Indicate above the reasons license was denied.