



Short-Term Vacation Rental Certificate Application

Affidavit of Compliance

BEFORE ME, the undersigned Notary, [name of Notary before whom affidavit is sworn], on this [day of month] day of [month], [year], personally appeared, [name of affiant], known to me to be a credible person and of lawful age, who being first duly sworn, on this oath, deposes and says:

Affiant agrees to maintain initial and ongoing compliance with the Short-Term Vacation Rental certification standards contained in Walton County Ordinance No. 2023-03, and any subsequent amendment, plus any other applicable local, state, and federal laws, regulations, and standards to include, but not be limited to, Chapter 509, Florida Statutes, and Rule Chapters 61C and 69A, Florida Administrative Code.

Affiant certifies familiarity with the information contained in this application, and that to the best of my knowledge such information is true, complete and accurate.

Affiant grants Walton County the right to inspect the premises of the short-term vacation rental unit prior to the issuance of the Short-Term Vacation Rental (STVR) Certificate and at any other time (subject to appropriate notice) after issuance of the STVR Certificate to determine compliance with the County's Code of Ordinances.

Affiant agrees to comply with all advertising requirements and on premises posting of certification sign in accordance with Walton County Ordinance 2023-03.

FURTHER AFFIANT SAITH NAUGHT.

This application shall bear the signature of all owner(s) and all authorized responsible party(ies) of the owner(s). If necessary, please attached additional sheets with notarized signatures of all other authorize property owners and/or short-term vacation rental responsible party(ies):

Property Owner Signature: _____ Date: _____

Printed Name of Owner: _____

Managing Agent Signature:  _____ Date: _____

Printed Name Managing Agent: Coastal Dreamin - Chris Cope

Short-Term Vacation Responsible Party Signature:  _____

Date: _____

Printed Name of Responsible Party: Coastal Dreamin - Chris Cope

FLORIDA STATUTES 837.06 – FALSE OFFICIAL STATEMENT

Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

I have read and understand all the information provided in this application, the requirements listed within the application, and agree to provide the necessary information requested by Walton County. The information I have provided on this application is true and correct to the best of my knowledge.

Applicant’s Signature

Printed Name

Date

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence online notarization, this ____ day of _____, 20____, by _____ (Name of Person Acknowledging).

{Seal}

Signature of Notary Public

Print, Type or Stamp Name of Notary

Personally Known: _____
OR Produced Identification: _____
Type of Identification Produced: _____

Commission Number: _____

Expiration Date: _____



Short-Term Vacation Rental Certificate Application Individual

Agent Affidavit

Street Address of Subject Property: _____
(ADDRESS OF SUBJECT PROPERTY)

Coastal Dreamin - Chris Cope _____, is hereby authorized TO ACT ON BEHALF OF _____, the owner(s) of those lands described within the attached application and as described in the attached deed or other such proof of ownership as may be required in applying to Walton County, Florida for a Short Term Vacation Rental Certificate for the dwelling on the described lands.

By: _____
Signature of Owner

Printed Name of Owner

Signature of Owner

Printed Name of Owner

Address of Owner: _____ Telephone Number (incl. area code) _____

Mailing Address

City State Zip

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence online notarization, this ____ day of _____, 20____, by _____ (Name of Person Acknowledging).

{SEAL}

Signature of Notary Public

Print, Type or Stamp Name of Notary Personally Known: _____

OR Produced Identification: _____

Type of Identification Produced: _____

Commission Number: _____

Expiration Date: _____



Short-Term Vacation Rental Certificate Application Individual

Contact Information

NOTE: If Applicant is different from Owner, Agent Affidavit Required.

Applicant:

Applicant Name (First Last)

Business Name

Mailing Address (Street, City, State and Zip Code)

Daytime Phone

Email Address

Pursuant to Section 559.79(1), F.S. each person who owns 10 percent or more of the outstanding stock or equity interest in the licensed activity must be listed. If you require additional space, upload a notarized copy.

Property Owner(s):

Owner (First & Last Name)

Employer Identification Number & Name of Business

Mailing Address (Street, City, State and Zip Code)

Daytime Phone

Email Address

Property Owner(s):

Owner (First & Last Name)

Employer Identification Number & Name of Business

Mailing Address (Street, City, State and Zip Code)

Daytime Phone

Email Address

Short-Term Vacation Rental Responsible Party:

Short-Term Vacation Rental Responsible Party Name

Address (Street, City, State and Zip Code)

24/7 Contact Phone Number

Email Address