



# City of The Dalles

## Short Term Rental License

313 Court Street, The Dalles, OR 97058 | (541) 296-5481 | [www.thedalles.org](http://www.thedalles.org)

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We appreciate your interest in applying for the City of The Dalles Short Term Rental (STR) License. Beginning October 14, 2020, The Dalles will no longer issue Bed and Breakfast and Vacation Rental (BBV) permits and will regulate all short term rentals using this STR License. This packet contains information that will assist you in compliance with the City of The Dalles STR License regulations as stated in The Dalles Municipal Code Chapter 8.02.

### **What is a Short Term Rental (STR)?**

A short term rental is an accommodation providing stays of 30 days or less.

### **Who must obtain a STR License?**

All current BBV permit holders and all property owners considering offering short term rental accommodations on their property within The Dalles City Limits.

### **What are the steps for completing the STR Application packet?**

- 1) **Complete the Short Term Rental License Application Form (pages 2 and 3).** Incomplete applications may not be accepted and will delay the review process.
- 2) **Complete the Safety Checklist (pages 5 and 6).** Prior to the issuance of a license, a completed safety checklist shall be required.
- 3) **Complete Exemption Forms (page 7), if applicable.** For all operations requesting a Historic Resource Parking Exemption or Privacy Screening Exemption.
- 4) **Complete a Site Plan for the subject property (page 8).** This plan should be drawn to scale indicating the location and number of guest rooms, location of guest entrances and exits, and location of all off-street vehicle parking spaces.
- 5) **Complete the Transient Room Tax Registration Form (page 10).** Associated Transient Room Tax Form 102 (page 11) is also required for reporting all STR nightly stays.
- 6) **Complete the Food Service License Application (page 12), if applicable.** All operations offering food services must provide an approved Food Service License from the Oregon Department of Human Services.
- 7) **Attach proof of garbage service (bill, account number, etc.).** All operations must provide proof of weekly solid waste pick up.
- 8) **Attach proof of residency.** All operators must provide at least two forms of proof of residency.

Once an application is complete, please submit all documentation to The Dalles Community Development Department. City Staff will review the application and make a determination within 30 days from the submission of a completed application packet. ***Licenses are valid for one (1) calendar year and must be renewed annually.***



**City of The Dalles**  
**Community Development Dept**  
313 Court Street  
The Dalles, OR 97058  
(541) 296-5481, ext. 1125  
www.thedalles.org

License #: \_\_\_\_\_

Filing Fee: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Deemed Complete: \_\_\_\_\_

Date Issued: \_\_\_\_\_

License Year: \_\_\_\_\_

Received: \_\_\_\_\_

## Short Term Rental (STR) License Application Form

### Short Term Rental Information

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

Map and Tax Lot: \_\_\_\_\_

#### Applicant

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

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

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

#### Legal Owner (if different than Applicant)

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

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

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

### Authorized Operator (must be available for contact by the City within 24 hours)

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

Phone #: \_\_\_\_\_

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

### Property Information

# of Bedrooms to be rented: \_\_\_\_\_

Entire Dwelling Rental: Yes No

# of Off-Street Parking Spaces: \_\_\_\_\_

Food services available: Yes No

Historic Structure: Yes No

Requesting Historic Landmark parking exemption: Yes No

Listing services (Airbnb, VRBO, etc.): \_\_\_\_\_

Does the property have shared yards or common areas in the rear or side yards? Yes No

## Decision

Signature / Date

Approved

Denied

Required Information

In addition to completing this form, all Short Term Rental License applications must include the following information:

- ☐ Completed Application Form
- ☐ Site Plan
- ☐ Completed Safety Checklist
- ☐ Completed Transient Room Tax Registration Form
- ☐ Proof of garbage service (bill, account number, etc.)
- ☐ Proof of residency (at least two)
- ☐ Proof of an approved Food Service License (if applicable)
- ☐ Completed Privacy Screening Exemption Form (if applicable)
- ☐ Historic Resource Parking Exemption Request (if applicable)

Additional Comments (please include additional information for consideration during the licensing process)

Certification

I certify that I am the applicant or owner identified below. I acknowledge that the final approval by the City of The Dalles, if any, may result in restrictions, limitations, and obligations being imposed on this real property. I understand that if the property is owned in part or totality by a trust, partnership, corporation or LLC, I will be required to present legal documentation listing all persons that make up the entity as well as proof of my authorization to act on the entity’s behalf. I consent and hereby authorize City representative(s) to enter upon my property for any purpose of examination or inspection related to this application. I certify that all information provided is true and correct, and consent to the filing of the application, authorized by my original signature below.

*If the undersigned is different from the legal property owner, a notarized letter of authorization signed by the legal property owner must accompany this form.*

Signature of Applicant

Signature of Property Owner

Date

Date

2 of 11



## **Short Term Rental Self-Inspection Safety Checklist**

As a residence that has a statistically lower risk of fire, you are being offered a unique opportunity to partner with the City of The Dalles and Mid-Columbia Fire and Rescue to ensure your Short Term Rental is safe for all future guests. This self-inspection safety checklist program was created in order to allow hosts to be their own advocates for fire and life safety, as well as allowing the City and the Fire District to make the most efficient use of available resources.

How does this program work? Just follow these easy steps.

- Use the attached Safety Checklist as a guide to walk through your property.
- Start by taking a walk around the exterior of your building, then the interior. Try to look as if you are seeing the building for the first time.
- Look carefully for items which might pose a fire hazard – they may not be easily visible, such as underneath or behind furniture.
- Make note of any issues found and correct them.
- After the corrections are made, sign and submit the checklist along with the Short Term Rental License packet to the City of The Dalles Community Development Department.

There are a few items which require a special inspection and/or testing, cleaning, and maintenance performed by qualified personnel:

- Fire Extinguishers (Annual)
- Fire Alarm Systems (Annual)

If you have any questions, or are unsure if an item is a fire hazard or not, please call Mid-Columbia Fire and Rescue at (541) 296- 9445. We are always glad to help you with any questions or concerns.

Thank you in advance for being a partner in fire prevention. This allows us to concentrate inspection efforts on businesses that are at much greater risk – such as hotels/motels, schools, and hospitals.

Yours in Fire and Life Safety,

Jay Wood

Fire Marshal

## **Safety Checklist (page 1 of 2)** Use this checklist as a guide to walk through your property.

### **OUTSIDE:**

- ☐ **Is your address clearly posted?** In an emergency, seconds count. Can your address numbers (and suite numbers, if applicable) be seen clearly from the street? Numbers need to be at least 4 inches in height and contrast with their background. They also need to be visible day or night – consider reflective numbers or outside lighting.
- ☐ **Are fire lanes & hydrants clear and accessible?** Ensure that parked vehicles, garbage bins, and stored items are not obstructing access to your property. Quick and unobstructed access is also required for fire hydrants, fire sprinkler control valves, and fire department connections to sprinkler systems. Keep three feet of clearance around all fire hydrants and fire department appliances.
- ☐ **Are garbage and recycle bins located away from the building?** These need to be at least 5 feet away from combustible walls, roof overhangs, doors and windows. If the dumpster catches fire and it is too close to the building, the fire can easily spread to the inside of the structure.
- ☐ **Are exterior portions of exits clear and unobstructed?** An exit doesn't stop at the door – the exit corridor continues out to the public way. Check the outside portions of your exits to make sure they are not blocked or made impassable by storage or landscaping.

### **INTERIOR:**

- ☐ **Are all exits clear, visible, unlocked, and unobstructed?** Check hallways and corridors to make sure building occupants can get to the exit doors quickly, safely, and free of any trip hazards or obstructions.
- ☐ **Are your smoke & CO alarms working?** Smoke alarms are required in all dwellings. Carbon monoxide (CO) alarms are required in dwellings with a CO (gas) source or an attached garage/carport. If all heating and cooking sources are electric and no attached garage/carport, then this is not required. Test all alarms to ensure they are working on a monthly basis and keep a log of the tests.
- ☐ **Do you have a portable fire extinguisher?** Fire extinguishers can be very effective when used properly on a small fire. Mid-Columbia Fire and Rescue may be able to provide fire extinguisher training. Please contact the Fire Marshal at 541-296-9445 for more information.
- ☐ **Are your electrical appliances and cords in good condition?** Check appliances and equipment to make sure they are in good working order with no discoloration or warm spots that may be a sign of overheating. Check electrical cords for any signs of wear or fraying. Replace damaged cords – electrical tape is not a substitute for insulation around wiring.
- ☐ **Are you keeping what's hot away from what's not?** Make sure that anything that can burn is at least 36 inches away from any heat source, including furnaces, portable heaters, baseboard heaters, wall heaters, and water heaters.

**Continued on page 6**

## Safety Checklist (page 2 of 2)

### INTERIOR (cont'd)

- ☐ **Is your electrical wiring covered?** Check your wall outlets, switches, and junction boxes to ensure that switch and cover plates are in place. Keep the cover to your electrical panels closed, too. Missing or open covers are a common safety hazard and may lead to electrical shock and an increased risk of fire.
- ☐ **Is the area in front of the electrical panel clear?** There needs to be a clear space at least 30 inches wide and from the floor to 78 inches high in front of all electrical panels. Also, this is a good time to make sure all circuit breakers or fuses are clearly labeled in the event the power needs to be shut off to a certain area or appliance.
- ☐ **Are equipment and appliances plugged directly into a wall outlet?** Extension cords, regardless of how “heavy-duty” they are, are still designed to be used on a temporary basis and may not be used in place of permanent wiring. If you need a longer cord, a surge protector that contains an internal circuit breaker may be used, provided it is not used to power large appliances or other equipment that draws a large electrical load. Always follow the manufacturer’s directions for powering equipment and appliances.
- ☐ **Are you using portable heaters?** Check your heater to ensure it is safe for indoor use – fueled appliances, such as kerosene, create carbon monoxide and can be deadly when used indoors. Also, check to see if your heater shuts off automatically when tipped over. If not, replace it with one that has a tipover switch. Plug heaters directly into a wall outlet rather than a power strip.
- ☐ **What are you storing, and where?** If you have flammable or combustible liquids on site, store them in original or approved containers and check to see that they are clearly labeled. If there are more than 10 gallons stored in the building, an approved storage cabinet may be required. Check your storage location – storage is prohibited under exit stairways and in exit aisles.
- ☐ **Are compressed gas cylinders (even the small ones for balloons or BBQ’s) secured to keep them from falling over?** If a cylinder tips over and cracks, it can become a torpedo!

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

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

***By signing below, I attest that the Operator name listed above at the noted physical address has completed a safety self-inspection and all hazards noted during the self-inspection have been corrected.***

\_\_\_\_\_  
Signature of Operator / Date

Exemption Forms

Historic Resource Parking Exemption Request

☐ Not Applicable

Historical Classification:

☐ National Register

☐ Primary

☐ Secondary

☐ Historic Non-Contributing

☐ Compatible Non-Contributing

☐ Non-Compatible Non-Contributing

Year(s) Built:

☐ Historic Building/Site

Historic District:

☐ Trevitt’s Addition

☐ Downtown Commercial

Historic Name (if any):

All property owners interested in designating their property as an historic landmark shall contact the City’s Historic Landmarks Coordinator to determine eligibility. The final determination of designation is based on the criteria of Section 11.12.060.

Decision

Signature / Date

Approved

Denied

Privacy Screening Exemption Request

☐ Not Applicable

All units with shared yards or common areas in the rear or side yards of the property are required to install and maintain privacy screening, unless waived upon written approval of all adjoining property owners. If requesting a screening exemption, please provide the names, addresses, and signatures of all adjoining property owners (use an additional sheet of paper if needed).

Name & Address:

Signature:

Name & Address:

Signature:

Name & Address:

Signature:

Name & Address:

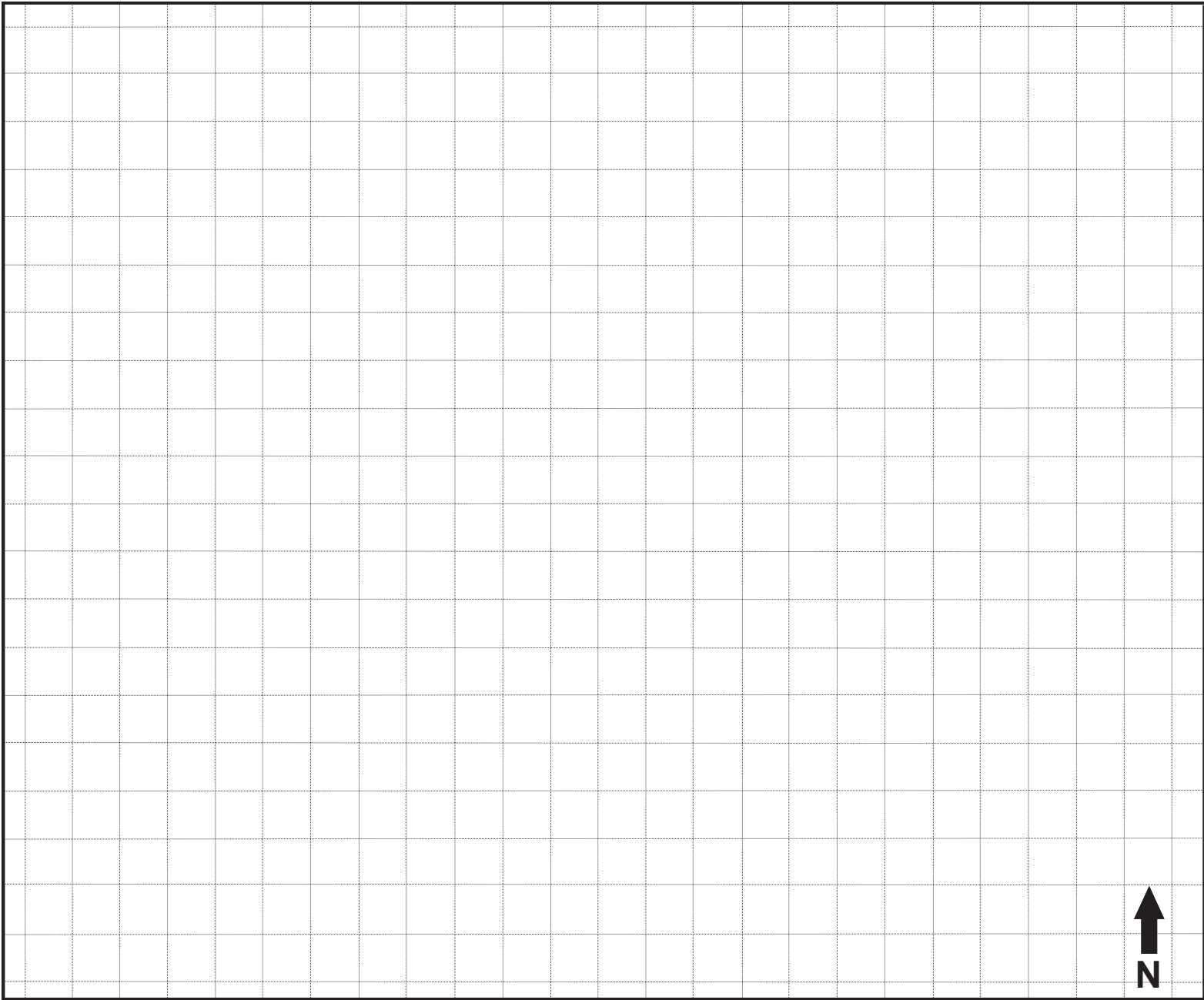
Signature:

Decision

Signature / Date

Approved

Denied



# Plot Plan

City of The Dalles  
Community Development  
Department

Map, Tax Lot: \_\_\_\_\_

Applicant: \_\_\_\_\_

Owner(s): \_\_\_\_\_

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

\_\_\_\_\_

Phone #: \_\_\_\_\_

Date: \_\_\_\_\_

Scale: (select one)

One Inch = 10 Feet ☐

One Inch = 20 Feet ☐

One Inch = 50 Feet ☐

Planning Department Only:

File #: \_\_\_\_\_

Approval Date: \_\_\_\_\_

Signature: \_\_\_\_\_

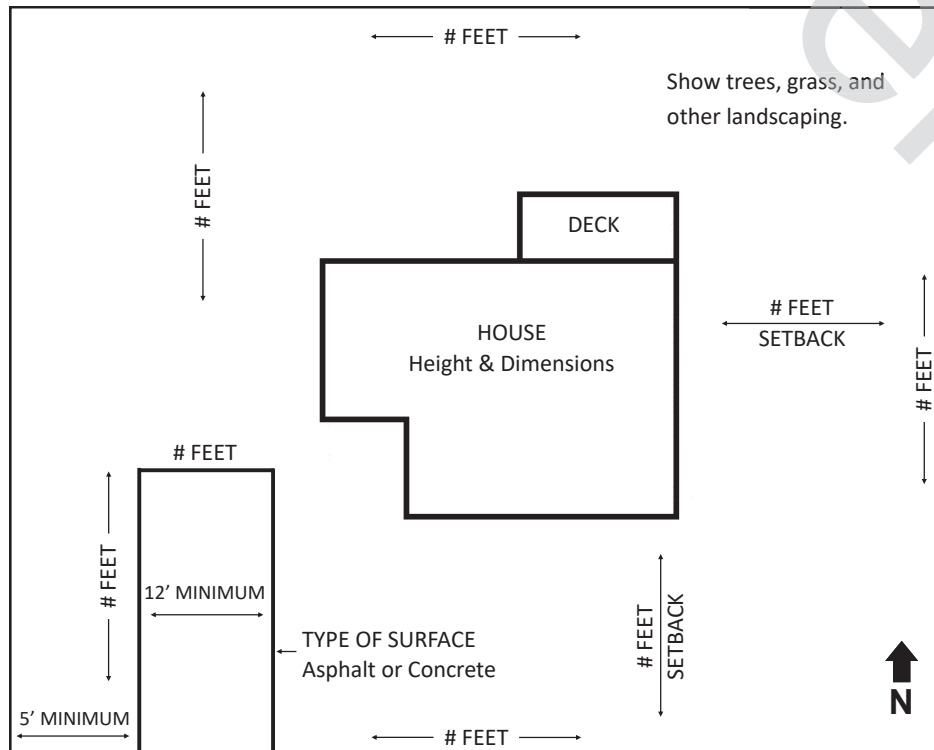




#### 6.010.020 Definition

- A. For the purposes of this Section and this Ordinance, unless otherwise specified, 'landscaping' shall mean a minimum of 40% of the required landscape area be planted with live plant material. Trees on the recommended tree list, which are 2.5 inch caliper 5 feet above the ground at time of planting shall each be considered to cover 250 square feet. Trees smaller than 2.5 inch caliper shall be considered to cover the area under the tree's drip line. Dry landscaping may cover up to 60% of the required landscape area. Dry landscaping shall not include crushed rock, pea gravel, or similar material as determined by the approving authority. Parking areas may require additional landscaping. See Article 10.7.030.040.
- B. Single family dwellings, including manufactured homes, shall landscape the undeveloped portions of the front yard, as defined in this Ordinance, within the first 6 months after occupancy. For purposes of this subsection, landscaping may be live plant material, dry landscaping, or a combination of live plant material and dry landscaping.

SAMPLE PLOT PLAN



#### PLOT PLAN CHECKLIST

All Plot Plans must show:

- ☐ Legal Description (Map and Tax Lot Number)
- ☐ Applicant and/or Owner name and address
- ☐ Scale of site plan (select one)
- ☐ Property dimension in feet
- ☐ Setback distances to all:
  - ☐ Side, front and rear property lines
  - ☐ Roadways or easements
  - ☐ Waterways, irrigation ditches

#### ON SITE DEVELOPMENT

- ☐ Existing structures with location, size and height
- ☐ Proposed structures with location, size and height  
Include all porches, decks, and landings for entrances/exits
- ☐ Utilities (proposed and existing)
- ☐ Driveway length, width and surface type: asphalt, concrete, or pavers  
Minimum width 12' — Maximum width 24' Residential. Shall not be closer than 5 feet to any property line.

#### OTHER PLAN VIEWS

- ☐ Landscaping Plan (See Article 10.6.010.020 B. and show on plot plan)
- ☐ Elevation Drawing (for all buildings over 400 sq. ft.)

CITY OF THE DALLES  
313 COURT STREET  
THE DALLES, OREGON 97058  
TRANSIENT ROOM TAX REGISTRATION FORM

Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ Number of Rooms: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Owners: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Residence Phone: \_\_\_\_\_

Name of Operator or Manager: \_\_\_\_\_

How long have you owned or operated this business? \_\_\_\_\_

If you own more than one business in The Dalles subject to Transient Room Tax, complete the Following:

Name of Business	Business Address	Number of Rooms	Years Owned

Type of Business (Circle One):      Individual                  Partnership                  Corporation

Partners or Corporate Officers:

Name	Title	Address

Accounting Year: Begins \_\_\_\_\_ Ends \_\_\_\_\_

Please Note:

Section 12, Paragraph (1) of the ordinance to levy a Transient Room Tax (Special Ordinance No. 92-402) provides that a security deposit may be required for the period in which tax returns are filed. This security deposit may be in the form of cash, bond, or other security deemed proper by the tax administrator.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**TRANSIENT ROOM TAX  
FORM 102**

Tax Administrator  
City of The Dalles  
313 Court Street  
The Dalles, Oregon 97058  
(541) 296-5481, Ext. 1112

Certificate Number: \_\_\_\_\_  
Period Ending: \_\_\_\_\_  
Due Date: \_\_\_\_\_  
Number of Rooms: \_\_\_\_\_

**Instructions:**

Be sure this form is filled in completely and correctly. Penalties and interest are added for delinquency.

Change of ownership and/or address must be filed and reported immediately to the Tax Administrator.

If business is disposed of or suspended, final returns must be filed immediately to the Tax Administrator, City Hall, and any tax due must be paid. No change of ownership can be recorded until this is done.

Checks, drafts, postal notes and money orders in the exact amount of tax due are accepted by the Tax Administrator only as agent of the taxpayer and does not constitute payment until cleared. The City of The Dalles assumes no responsibility for loss in transit.

Be sure proper remittance is enclosed to avoid penalty.

1. Gross Rent \_\_\_\_\_
2. Less: Allowable exemptions \_\_\_\_\_
  3. Occupancy for more than 30 successive days \_\_\_\_\_
  4. Rent by the month \_\_\_\_\_
  5. Rents paid directly by federal government \_\_\_\_\_
  6. Other (specify) \_\_\_\_\_
7. Total allowable deductions (lines 3 through 6) \_\_\_\_\_
8. Taxable rents \_\_\_\_\_
9. Tax 8% of line 8 \_\_\_\_\_
10. Add excess tax collected \_\_\_\_\_
11. Total of lines 9 and 10 \_\_\_\_\_
12. Less 5% to operator for administration \_\_\_\_\_
13. Total Tax due (line 11 less line 12) \_\_\_\_\_
14. Penalty (10% first month, 15% second month) \_\_\_\_\_
15. Interest (1% per month) \_\_\_\_\_
16. Adjustment for prior (overpayment) or shortage \_\_\_\_\_

**TOTAL TAX, PENALTY AND INTEREST**

(Line 13 plus lines 14, 15 and plus/minus line 16) \_\_\_\_\_

I declare, under penalty of making a false statement, that to the best of my knowledge and belief, the statements made herein are correct and true.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Business: \_\_\_\_\_

**Make checks payable to: City of The Dalles**



**FOOD SERVICE  
LICENSE APPLICATION  
RESTAURANT / BED AND BREAKFAST**

Establishment ID: _____
Owner ID: _____
For office use only

- |  |  |
|--|--|
| <input type="checkbox"/> Restaurant  | <input type="checkbox"/> Bed & Breakfast (B&B Tourist License also required) |
| <input type="checkbox"/> New Construction  | <input type="checkbox"/> Remodel   |
| <input type="checkbox"/> Change of Ownership    Former establishment name: _____ |  |

**Establishment Name:** \_\_\_\_\_

Sewer system:    ☐ Private ☐ Public

Water system:    ☐ Private ☐ Public    Public Water System Name/Number: \_\_\_\_\_

**Owner/Applicant Name:** First: \_\_\_\_\_ Last: \_\_\_\_\_

☐ Individual    ☐ Corporation    ☐ Partnership    ☐ Other: \_\_\_\_\_

DBA or C/O: \_\_\_\_\_

Do you own other establishments licensed by the Health Dept.?    ☐ No    ☐ Yes

If yes, Establishment Name(s): \_\_\_\_\_

Owner Mailing/Billing Address: \_\_\_\_\_

Owner Cell #: \_\_\_\_\_ Owner Phone #: \_\_\_\_\_

Owner E-mail: \_\_\_\_\_ Owner Fax #: \_\_\_\_\_

Alternate Contacts: \_\_\_\_\_

**Primary e-mail for billing/correspondence:** \_\_\_\_\_

**Establishment Physical Location:** \_\_\_\_\_

Number of seats: \_\_\_\_\_

Establishment Mailing/Billing Address: \_\_\_\_\_

Establishment Phone #: \_\_\_\_\_

Establishment Website: \_\_\_\_\_

The payment of \$ \_\_\_\_\_ license fee is hereby made for application to operate the above establishment in compliance with all applicable food service regulations. I understand that failure to meet the requirements of the provisions of Oregon Revised Statutes, Chapter 624, and the Administrative Rules, Chapter 333, of the Oregon Health Authority may require denial or revocation of the license. Furthermore, I attest that the information provided on this form is accurate.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Fee received: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Cash    ☐ Check# \_\_\_\_\_    ☐ Money Order

Inspected by: \_\_\_\_\_ Date: \_\_\_\_\_

<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	<input type="checkbox"/> Risk 1	<input type="checkbox"/> Risk 2
<input type="checkbox"/> Full Svc	<input type="checkbox"/> Limited Svc	<input type="checkbox"/> Risk 3	<input type="checkbox"/> Risk 4