BUILDING AND NEIGHBORHOOD SERVICES

Tom Marsh
Interim Director

HISTORIC
FRANKLIN
TENNESSEE

Dr. Ken Moore
Mayor

Eric S. Stuckey
City Administrator

Short Term Vacation Rentals (STVR)

Prior to issuing a Certificate of Use and Occupancy approving a Short-Term Vacation Rental in an existing Single-Family Dwelling, the following items shall be addressed:

Approval checklist:

☐ Application filled out annually.

☐ A dwelling unit of four bedrooms or less shall be rented in its entirety to someone 21 years of age or older. This includes all structures that are accessory to the single-family dwelling on the premises. Renting individual rooms is not allowed. The owner is not allowed to stay in the home during the rental.

☐ Allowed only in the following Base Zoning Districts: AG, OR, CC, DD (ER, R-1, R-2, R-3, R4, R-6 Half-moon) (Check the online Franklin Zoning Map at www.franklintn.gov) See Subsection 5.1.4 R. for half-moon.

☐ Business License required Annual. (apply at City Hall Utility Billing, 109 3rd Ave. S.) Proof of a valid business license must be presented to BNS annually.

☐ What taxes do I pay? Hotel 4% Occupancy Tax must be paid monthly to The City of Franklin Revenue Management Dept.

☐ Local responsible party established and Contact Info Posted inside property. This person must live within 25 miles and be available to respond 24 hours a day if there is a problem. The property owner cannot be the responsible party unless they have another residence less than 25miles away.

☐ Updated Certificate of Use and Occupancy for Single Family Dwelling Posted.

☐ Maximum Occupancy Posted (twice the number of sleeping rooms +2, maximum of 10)

☐ Proof of Insurance Required - $1,000,000

☐ It is the requirement of all owner/occupants to verify Covenants, Conditions, and Restrictions (CC&Rs) of their HOA rules on STVRs.

☐ Neighbor Notification Required if sharing a common wall or driveway.

☐ Fire Alarm Inspection conducted by Building Inspector.

☐ The adopted construction codes have specific requirements for buildings where individual rooms are rented (i.e. hotels or apartments) including sprinklers, fire alarms, fire rated assemblies, corridors and stairs. Single family homes are not designed to this standard. They would need a CO for R-1 or R-2 rather than 'Single Family Dwelling.' So, renting individual rooms are not allowed in Single family homes.

☐ 2.2.4 Short-Term Vacation Rentals

Conditions:

Rental of whole structure/premises is required. Occupancy must be 24 hours or more and can be up to 21 days. No food may be served. Renter must be 21 years or older. No signage may be displayed onsite. Noise and waste regulations must be observed. Maximum occupancy limit will be enforced. Hotel/motel and other business taxes must be paid as required by the Franklin Municipal Code and/or State Law. Repeated complaints by residential neighbors may result in the Board of Mayor and Aldermen revoking the Certificate of Occupancy to operate the STVR.

Single Family Dwellings with four Bedrooms or more, Hotels and other transient occupancies, Mixed-Use occupancies, Wedding/Event venues, and Bed and Breakfast establishments are not included in the Short-Term Vacation Rental approval. Total square footage shall be less than 4000 sf. Use of Accessory Dwellings as STVRs is allowed. Approval of the STVR does not grant approval of violations of the International Building Code, Residential Code, or Fire Code.

I have read the ordinance and hereby agree to abide by all requirements of this ordinance.

Responsible Party Signature: _____ Date: _____
Address: _____
Telephone Number: _____ Email: _____

Respectfully,

Ron Yeary
City of Franklin
Building & Neighborhood Services
Franklin, TN 37064
ron.yeary@franklintn.gov
615-550-6640

RV-F1321001 (04/18)

TENNESSEE DEPARTMENT OF REVENUE
Business Tax Registration Application

Answer all questions below completely. Incomplete and unsigned applications will delay processing.

1. Business FEIN or SSN *(required)*	2. Start Date for Location in Jurisdiction	3. Fiscal Year End Date

4. Type of Ownership (choose only one box below):

☐ **Sole Proprietorship**

☐ **Partnership** *(all types)*

☐ **Corporation** *(all types)*

☐ **Marital Joint Ownership**

Other Spouse's SSN: _____

☐ **Estate or Trust**

Limited Liability Company
(choose one below)

☐ Multi-Member LLC

☐ Single Member LLC

5. Legal Name of Business

6. Primary Address (physical address where records are located; no P.O. box) City State ZIP Code

7. Identify Owners, Officers, Members, or Partners (Attach additional names on separate sheet if needed. See Instructions.)

Title	Title
SSN of owner or FEIN of owning business, if available	SSN of owner or FEIN of owning business, if available
First and Last Name of Owner or Name of Owning Business	First and Last Name of Owner or Name of Owning Business
Telephone Number with Area Code	Telephone Number with Area Code
Email	Email
Address	Address
City State ZIP Code	City State ZIP Code

8. "Doing Business As" (DBA) Name (if different from #5 above)

9. Classification (select below or write in)

Classification:

10. License Type

☐ Standard Business Lincense ☐ Minimal Activity License

11. Business Location Address (physical address only; no P.O. box) City State ZIP Code

12. Business Activity at this Location

13. Business Mailing Address | City | State | Zip Code

14. Business Telephone Number | Business Fax Number | Business Email Address

15. Contact Name | Contact Telephone Number | Contact Email Address

16. **Signatures Required! This application must be signed by an owner, officer, member or partner of the entity listed above. Do not print or use a stamp.**

The statements made on this application are true to the best of my knowledge and belief.

Signature: _____ **Date:** _____
Owner, Officer, Member, or Partner

Signature: _____ **Date:** _____
Owner, Officer, Member, or Partner

For Department Use Only

Electronic filing and payment of taxes is required for business tax.
Please visit www.TN.gov/revenue for more information.

Instructions: Business Tax Registration Application

General Information

The Business Tax Application is used to apply for tax registration for Tennessee's business tax. This application cannot be used to register for other Tennessee tax obligations. Businesses must register for sales tax, franchise and excise tax, and other taxes online at www.TN/gov/revenue or by paper application.

Registration for business tax using this application will not be complete until you have paid the business license fee and obtained your business license from the appropriate county clerk and, if applicable, your city business tax official.

You must submit a fully completed the application in a timely manner to ensure that you are properly registered for this tax or you may make your application online. For information on how to register your business online, visit the Tennessee Department of Revenue's website at www.TN/gov/revenue and click on E-file and Pay.

You must complete one application for each business location. Upon registration, your county clerk or city official will issue your business tax license. A $15 fee is required for your intial license. Once registered, the local licensing official will send your record electroncially to your city or county official based on your location. You must also pay the required $15 fee for the initial license at the appropriate city/county official's office.

A standard business license is renewed by the annual payment of tax to the Tennessee Department of Revenue. Once this tax is paid each year, the county clerk or city official will provide a license for the next year. There is no charge for a renewal license.

Business tax minimal activity licenses are renewed each year by payment of an annual $15 fee.

It is important that you notify the Tennessee Department of Revenue if:

- ☐ The business ownership changes in any manner including:
  - selling or closing of the business,
  - adding or changing partners,
  - any transfer or change in the ownership of the business,
  - any change in corporate structure requiring a new charter or certificate of authority; or
- ☐ The business location changes.

Instructions

1) Enter the business' federal employer identification number (FEIN) or the owner's social security number (SSN).
2) Enter the starting date for this business location (month, date, and year).
3) Enter the business' fiscal year end date. This is the year end date the business uses for federal tax purposes.
4) Enter the type of ownership for the business. If the entity is a marital joint, enter the SSN for the other spouse.
5) Enter the business' legal name. This is the same name used for federal tax purposes or registered with the Tennessee Secretary of State's office.
6) Enter the physical address for the business. This cannot be a post office box or address for a mail facility.
7) Enter the owner information for one or more business contacts. Complete each item. A social security number is not required. If a business is owned by another business, enter the FEIN of the owning business here. This cannot be the same as the FEIN noted under #1 above.
8) Enter the "doing business as" (DBA) name, if any.
9) Enter the business tax classification for the business. If necessary, consult the Business Tax Guide at www.TN.gov/revenue for more information about determining the proper business tax classification.

10) Check the box to choose the license type of standard or minimal activity. Minimum activity licenses can only be issued to businesses having less than $10,000 in annual gross income.

11) Enter the business' location address, ensuring that all the information is exact and complete.

12) Provide a detailed description of the principal business activity at this location, including the major products and/or services sold.

13) Provide the business' mailing address in the space provided. A P.O. box or mailing facility address is acceptable.

14) Provide the business' telephone number, fax number (if any), and email address in the space provided.

15) Provide the contact information for the business. This will be the person who the Tennessee Department of Revenue can reach for information regarding tax filings and payments.

16) Signatures are required. At least one owner, officer, member, or partner must sign and date this application.

CITY OF FRANKLIN
CITY RECORDER'S OFFICE

Mail Returns and Remittances to
City of Franklin
City Recorder's Office
P.O. Box 705
Franklin, Tennessee 37065

HOTEL 4% OCCUPANCY TAX

Name(s) of Owner(s) _____

Hotel/Motel Name _____

State Sales Tax Account. No. _____

Location _____

Telephone No. _____ No. Of Rooms _____

Mailing Address _____

City _____ State _____ Zip _____

Month of _____ 19 ____

1. Gross Rental Receipts from Occupancy of Rooms . . . . . $ _____
2. Less; Allowable Deductible and/or Excludable Receipts . . . . . $ _____
3. Taxable Receipts (line 1 less line 2) . . . . . $ _____
4. Tax Due (4% of line 3) . . . . . $ _____
5. OPERATOR'S COMPENSATION:
   Deduct 2% of line 4 (allowable only if return is filed)
   and tax is paid by 20th of each month . . . . . $ _____

COMPUTATION OF INTERERST AND PENALTY FOR DELINQUENT RETURN:

6. Interest @ 12% per annum . . . . . $ _____
7. Penalty @ 1% per month . . . . . $ _____
8. Total Interest and Penalty (add lines 6 and 7) . . . . . $ _____
9. **TOTAL TAX DUE CITY OF FRANKLIN**
   (line 4 less line 5 if NOT DELINQUENT;
   if delinquent, line 4 plus line 8) . . . . . $ _____

RETURN AND REMITTANCE MUST BE IN THE ABOVE OFFICE BY THE CLOSE OF BUSINESS ON THE 20TH DAY OF THE MONTH FOLLOWING THE MONTH ON WHICH THIS REPORT IS SUBMITTED.
Under the penalties for perjury prescribed by law, I swear (or affirm) that this return (including any related schedules, statements and/or other documents) is, to the best of my belief and knowledge, a true, correct and complete return.

Signed _____ Title _____ Date _____

HISTORIC
FRANKLIN
TENNESSEE

Short Term Vacation Rentals (STVR)
Application for Certificate of Use and Occupancy:
Municipal Code Title 13 Chapter 2

Date of Application		Certification is valid for 365 days from the date the permit is issued. Please reapply annually.	
STVR Address			
Homeowner's Name			
Homeowner's Address			
Homeowner's Email		**Homeowner's Phone Number**	
***Responsible Party Name**	***Resides or located within 25 miles of the STVR and is responsible for addressing maintenance & safety concerns. Sec.13-203**		
Responsible Party Address			
Responsible Party Email		**Responsible Party Phone Number**	
Maximum Sleeping Rooms that a residential dwelling can contain is four (4). More than four (4) sleeping rooms would require meeting different building codes and cannot be used as a STVR. See attached ordinance Section 13-201.		**NUMBER OF SLEEPING ROOMS:**	**#**
Maximum Occupancy which is based on sleeping rooms: 1 Sleeping room = 4 occupants, 2 sleeping rooms = 6 occupants, 3 sleeping rooms = 8 occupants, 4 sleeping rooms =10 occupants. OCCUPANT MEANS ALLOWED ON THE STVR PROPERTY. See attached ordinance Section 13-211.			

1. Applicant has attached a copy of insurance. See attached ordinance Section 13-204.
2. Applicant has attached a copy of Neighbor Notification Letter with Certified Mail Receipt. **Only required when sharing a wall or driveway**. See attached ordinance Section 13-205.
3. Applicant has read Section 13-208 Smoke Detectors required and has installed and will maintain the smoke detectors. See attached ordinance Section 13-208.
4. Applicant has read the attached form Initial Business Tax and License & Renewal. If a business tax license is required at this time, please submit one. See attached ordinance Section 13-215.
5. Applicant has read all attachments and hereby agree, by signing below, to abide by all of the requirements of the City of Franklin Municipal Code, the Zoning Ordinance, and the city's adopted building and construction codes. A copy of the Municipal Code Title 13, Chapter 2 Short Term Vacation Rentals has been provided to the applicant.

Owner's signature: _____ Date: _____

BNS USE ONLY: Received by: _____ Date: _____

Service Request #_____ Base Zoning District _____ Square footage of structure_____

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BUSINESSES CAN CALL

615.253.0600

OR

1.800.342.1003

WITH QUESTIONS

STATE WEBSITE ADDRESS IS

https://www.tn.gov/revenue.html