



Short-Term Rental
Legal Entity/ Business Structure Applicant Authority and Agreement
(L.B.M.C. Chapter 5.77)

I, _____, declare under penalty of perjury that:
(Name of Authorized Individual(s))

1. I am the duly authorized representative of the Applicant,

_____ (“the Applicant”).
(Legal Name of Entity and/or Business Structure)

2. I acknowledge that I have the lawful authority to submit a Short-Term Rental Application on behalf of Applicant, and to bind the Applicant to the terms and conditions of the Short-Term Rental Application and any resulting Permit in accordance with the provisions of Long Beach Municipal Code (LBMC) Chapter 5.77 (“Short-Term Rentals”).
3. I have read, understand, and agree that Applicant will comply with the terms of LBMC Chapter 5.77 (“Short-Term Rentals”). I further understand that Applicant is responsible for any violation and nuisance activity which may occur at the proposed Short-Term Rental Property associated with its Application. I understand Applicant shall not be relieved from any legal responsibility and/or liability for noncompliance with any applicable law, rule or regulation pertaining to the use and occupancy of the Short-Term Rental, regardless of whether such noncompliance was committed by Applicant or the occupants of the Short-Term Rental or their guests. I understand that Applicant may be subject to criminal, civil, or other legal enforcement remedies established by law if Applicant or the Short-Term Rental guests fail to abide by all applicable laws, regulations, and guidelines related to Short-Term Rentals in the City of Long Beach.
4. This authorization and agreement will remain in effect for one year from the date of issuance of a Short-Term Rental registration to aforementioned STR Applicant unless expressly revoked by an Authorized Individual in writing as provided by law.

(Authorized Signature) _____
(Printed Name & Title) _____
(Date)

(Authorized Signature) _____
(Printed Name & Title) _____
(Date)

***This authorization form will not be valid without notarization.**

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of _____)

On _____ before me, _____
(insert name and title of the officer)

personally appeared _____,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)

To request this information in an alternative format or to request a reasonable accommodation, please contact the Development Services Department at longbeach.gov/lbds and 562.570.3807. A minimum of three business days is requested to ensure availability; attempts will be made to accommodate requests with shorter notice.