



LANDLORD
Short-Term Rentals
Prohibited Building Certification Form
(L.B.M.C. § 5.77.030.B.1)

I, _____, declare under penalty of perjury that:
(Name of Property Owner/Authorized Representative)

1. I am the Property Owner of record, or the duly authorized representative of the Property Owner, for the residential units I lease located at the addresses attached hereto (“the Addresses”).
2. I represent that Short-Term Rentals (“STRs”), as authorized by Chapter 5.77 of the Long Beach Municipal Code, are **prohibited** at the Addresses I own and lease.
3. As such, I certify that the Addresses shall be placed upon the City of Long Beach’s “Prohibited Buildings List” as defined by L.B.M.C. § 5.77.020.L.
4. This prohibition will remain in effect for three years from the date of execution specified below unless expressly revoked by me or my authorized representative in writing as provided by law.

(Authorized Signature)

(Printed Name & Title)

(Date)

***This prohibition form will not be valid without notarization. The prohibition contained in this form automatically expires for a specific Address upon sale or transfer of title of any real property located at that Address.**

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)

The Addresses

AIN	Street Number(s)	Street Direction	Street Name	Zip code

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.