



# CITY OF MARATHON FIRE RESCUE

OFFICE OF THE FIRE MARSHAL

8900 Overseas Hwy., Marathon, FL 33050

**"Dedicated to Community Fire Protection"**

**Emergency 911** Office 305-289-8938



## Vacation Rental Agent License/Training Application

Application Fee: New Agent \$500.00 Continuing Agent \$500.00

Owner Agent/Local Contact: **No Charge**

**PLEASE CHECK ONE:**  OWNER  AGENT  LOCAL CONTACT

1) Your Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

- 2) This license shall be valid for the period of one (1) year for Agents and Local Contacts, and (2) years for Owner/Agent.
- 3) All persons registering as Agent and/or Owner Agents agree to comply with the rules as set forth by City of Marathon Ordinance 2010-14, or face violation, fines, suspension and revocation of said License.
- 4) If you are the local contact, by signing this form, you are attesting that you live within 1-hour of the City of Marathon city limits, and you are aware of the local contact's responsibilities.

I hereby state that I have viewed and understand the materials contained in the Vacation Rental Agent Training PDF. I have also read and understand the contents of Ordinance 2010-14, Vacation Rentals, and agree to comply with the rules set forth by the City of Marathon.

I certify that I am the owner  agent  local contact  (check one) of the property located within the City of Marathon located at:

\_\_\_\_\_  
Address (If managing or own multiple properties, please attach list).

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

NOTARY STATE OF _____	
COUNTY OF _____	
Before me, this ____ day of _____, 20____, personally appeared	
_____, who executed this foregoing instrument, and acknowledged	
before me that same was executed for the purposes therein express.	
<input type="checkbox"/> Personally Known or <input type="checkbox"/> Produced ID: _____	
_____ Signature of Notary Public – State of _____	_____ My Commission Expires