



Licensing Division
City of Bend
710 NW Wall Street, Bend, OR 97703
(541) 388-5580 option 8
www.bendoregon.gov/businesslicense

SHORT-TERM RENTAL CHANGE OF INFORMATION/AUTHORIZATION FORM

Changes to the 24/7 Emergency Contact must be shared with all neighboring properties within 250ft. Notices may be mailed, hand-delivered, or a sign may be posted during STR use.

Proof of that notice must be submitted with this form. See links and information on the 2nd page of this form.

Download this form before completing fillable fields, then upload to your active STR License or Room Tax registration along with the other documents listed below through the Online Permit Center at <https://cityview.ci.bend.or.us/Portal/> or email licensing@bendoregon.gov.

Complete this form within 14 days of changing the authorized agent and/or owner representative.

All changes will be effective as of the date this document is signed unless stated otherwise. If applicable, a new STR Operating License and/or Certificate of Authority may be issued and must be posted in a conspicuous area within the short-term rental property.

STR Operating License No. _____ **Exp Date:** _____

STR Address: _____

City/State/Zip: _____

Owner Information - All persons holding an ownership interest in the property or holding an ownership interest in the entity that owns the property. If more than one, please attach a separate sheet with complete information.

Owner Name: _____

Mailing Address: _____

City/State/Zip: _____

Email Address: _____

Phone: _____

Authorized Agent - Any property management company, entity, or person who has been designated by the owner to act on their behalf. **Effective Date:** _____

Select which records the Authorized Agent will be responsible for from the options listed below. This will dictate their access to the records for ongoing maintenance:

☐ STR Operating License ☐ 24/7 Emergency Contact* ☐ Room Tax Registration

Authorized Agent Name: _____

Mailing Address: _____

City/State/Zip: _____

Email Address: _____

Phone: _____

***24/7 Emergency Contact if different from above.**

Name: _____

Address: _____

City/State/Zip: _____

Email: _____

Phone Number: _____

Proof of Notice to Neighbors

Select one of the options below: proof of mailing or proof of posting a sign.

1. Proof of Mailing

- **Use this Letter template** for mailing the annual notice.
- To look up property owners within 250 ft. of the STR property for mailing purposes, please use **these instructions**.
- Upload a photo of the prepared envelopes along with a copy of the mailed letter with your application.

2. Proof of Posted Sign

- The sign must state that the property is a short-term rental and include the 24/7 emergency contact's name and phone number.
- The sign must be no larger than two (2) square feet in size and readable from the edge of the property.
- A photo of the posted sign must be uploaded with your application.

Declaration of Notice – Once neighbors have been notified of the 24/7 Emergency Contact information, complete this form and upload it with your application. **Declaration of Notice**

Short Term Rental Listing Number - If you advertise online, please list the website address(es) where the short-term rental is advertised (such as the VRBO/Airbnb/rental website number, or URL).

Website #1: _____

Website #2: _____

Website #3: _____

Room Tax Registration – Lodging Operator to Remit Room Taxes

Certificates of Authority may not be assigned or transferred and shall be surrendered immediately to the Tax Administrator upon the cessation of business at the location named or upon its sale or transfer. The Authorized Agent is required to submit a separate lodging operator to remit room tax application and the owner will be granted access to those room tax reports.

Signatures

This form requires two signatures if there is an authorized agent. By signing this application, the owner/authorized agent agrees to abide by the Short-Term Rental Operating License requirements as stated in **Bend Municipal Code Chapter 7.16**. I warrant that the information provided in this application is true and agree that by typing my name in the signature box I am providing an electronic signature that is the legal equivalent of my manual signature on this application. Disclosure: Information on this application is a public record subject to disclosure upon request under the Oregon Public Records Law unless an exemption applies.

☐ I have completed the Declaration of Notice.

☐ I have notified neighbors within 250ft.

Owner Signature: _____

Date: _____

Authorized Agent Signature: _____

Date: _____

LIC – Change of Information Form – Short Term Rental License - *Last Revised Date: 06/25/2025.*



Accommodation Information for People with Disabilities

To obtain this information in an alternate format such as Braille, large print, electronic formats, etc. please contact the Licensing Division at **licensing@bendoregon.gov** or (541) 388-5580 ext. 8; Relay Users Dial 7-1-1.