



## CITY OF KEMAH APPLICATION FOR SHORT-TERM RENTAL (STR) PERMIT

City of Kemah, 1401 Hwy 146, Kemah, TX 77565 O: 281.334.1611 F: 281.334.6583

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This application is for Short-Term Rentals and is required for rentals where rooms are occupied for less than thirty (30) consecutive days. For the purpose of this application, neither a Hotel nor Extended stay hotel/motel shall be considered an STR.

*A separate application is required for each STR UNIT*

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### **Items that MUST be submitted with the application:**

- Application fee of \$450 (non-refundable if application is not approved)
- To be eligible for \$150 discount you must have a yearly subscription with a monitoring company. May include but not limited to (Minut, Alertify, NoiseAware, Party Squasher, & WYND Sentry)
- Either a Customer Account Number OR written confirmation from the City of Kemah showing proof of an account for Hotel Occupancy Tax collection.

### **Submitting the application:**

**By Mail** - Completed applications may be mailed to:

City of Kemah  
1401 Hwy 146  
Kemah, TX 77565

**Email:** [galfaro@kemahtx.gov](mailto:galfaro@kemahtx.gov)

**In person:** Completed applications may be submitted in person. Business hours are from 8:00 a.m. – 5:30 p.m. Monday - Thursday and 8:00 a.m. – 12:00 p.m. Friday. After the application has been received, staff will review the application. A Short-Term Rental Permit issued under this Ordinance shall be valid for only a specified calendar year. A Short-Term Rental Permit shall expire immediately (1) upon any change in Owner of the Short-Term Rental Unit or (2) at the end of the respective calendar year, whichever occurs first. If you have any questions, please call (281) 334-1611 ext. 3006.

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**Short-Term Rental.** A privately owned dwelling, including but not limited to a single-family dwelling, multiple-family attached dwelling, apartment house, condominium, duplex, mobile home, or any portion of such dwellings, rented by the public for consideration, and used for dwelling, lodging or sleeping purposes for any period less than 30 consecutive days.

The following are exempt from the regulations under this Ordinance: hotel, motel, dormitory, public or private club, recreational vehicle park, hospital and medical clinic, nursing home or convalescent home, foster home, halfway house, transitional housing facility, any housing operated or used exclusively for religious, charitable or educational purposes, and any housing owned by a governmental agency and used to house its employees or for governmental purposes.

Permit #: \_\_\_\_\_

## APPLICATION FOR SHORT-TERM RENTAL (STR) PERMIT

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### 1. APPLICANT INFORMATION

<b>Applicant's Name:</b>	
<b>Trade Name:</b>	
<b>Applicant's Address, City, State, Zip:</b>	
<b>Telephone:</b>	<b>Email:</b>

OWNER INFORMATION *Same as Applicant* ☐

<b>Owner's Name:</b>	
<b>Owners' Address:</b>	
<b>Telephone:</b>	<b>Email:</b>

PROVIDE NAMES AND ADDRESSES OF ALL REGISTERED AGENTS SHOULD OWNER BE A BUSINESS ENTITY. PROVIDE PROOF OF OWNERSHIP (e.g., DEED), WITH YOUR APPLICATION. IF THE PROPERTY IS OWNED BY AN ORGANIZATION OR ENTITY, PLEASE SUBMIT, WITH THIS APPLICATION, THE COMPANY FORMATION DOCUMENTS REGISTERED WITH THE APPROPRIATE SECRETARY OF STATE.

LIST ALL ON SEPARATE PAGE IF NECESSARY.

OWNER INFORMATION *Additional*

<b>Owner's Name:</b>	
<b>Owners' Address:</b>	
<b>Telephone:</b>	<b>Email:</b>

OPERATOR'S INFORMATION *Same as Applicant* ☐

<b>Operator's Name:</b>	
<b>Operator's Address:</b>	
<b>Telephone:</b>	<b>Email:</b>

LOCAL CONTACT PERSON'S INFORMATION

<b>Local Contact Person's Name:</b>	
<b>Local Contact Person's Address:</b>	
<b>24 Hour Telephone:</b>	<b>Email:</b>

## 2. HOTEL OCCUPANCY TAX ACCOUNT INFORMATION

Provide the Hotel Occupancy Tax Account Number for the property \_\_\_\_\_

For more information: <https://comptroller.texas.gov/taxes/hotel>

## 3. PREMISES INFORMATION

Physical address of Short-Term Rental:

Street Address \_\_\_\_\_

Unit Number (if applicable) \_\_\_\_\_

Type of Structure:

Residential (Single Family) ☐ Residential (Two Family/Multi) ☐ Accessory Dwelling ☐  
Apartment or Unit in Multi-Family/Multi-Unit Building ☐

Total number of units located on property: \_\_\_\_\_

4. NUMBER OF BEDROOMS PER EACH UNIT (SHALL NOT INCLUDE AREAS INITIALLY DESIGNED AS OFFICE/ LIBRARY /DEN SPACE; DINING ROOMS; ENTERTAINMENT AREAS; COMMON AREAS, MUD ROOMS/FOYERS/ENTRIES; CLOSET/STORAGE ROOMS; HOBBY/READING/BREAKFAST NOOKS; GARAGES; ATTICS; CABANAS/POOL HOUSES; ETC.) \_\_\_\_\_

5. MAXIMUM OCCUPANCY PER UNIT (THE MAXIMUM OCCUPANCY SHALL BE TWO PERSONS PER BEDROOM, PLUS TWO ADDITIONAL PERSONS.) \_\_\_\_\_

6. MAXIMUM NUMBER OF ON-SITE PARKING SPACES ON IMPROVED SURFACES \_\_\_\_\_

7. DO YOU HAVE A FIRE PIT? NO \_\_\_\_\_ YES \_\_\_\_\_ IF YES, PLEASE BE ADVISED IT IS ILLEGAL TO HAVE AN OPEN FIRE UNATTENDED

8. LIST ALL ADVERTISED HOSTING SITES \_\_\_\_\_

Do you currently have this property declared to be your homestead? \_\_\_\_ Yes \_\_\_\_ No

As owner of the Short-Term Rental, for the location included in this application, I acknowledge receipt of the City of Kemah Short-Term Rental Ordinance.

\_\_\_\_\_  
Acknowledgement Signature

Owner Signature(s): \_\_\_\_\_

Permit Fee: \$ \_\_\_\_\_

Date: \_\_\_\_\_

Payment Type: \_\_\_\_\_

Payment Date: \_\_\_\_\_

**Applicant/Owner states that to the best of their knowledge, the property meets the requirements for a Short-Term Rental:**

*(Please initial each applicable statement as evidence of fact and compliance)*

- \_\_\_\_\_ The designated operator shall be available by phone at all times the Short-Term Rental is in use.
- \_\_\_\_\_ The unit has a working smoke detector and carbon monoxide detector in or outside of sleeping areas, and on all habitable floors.
- \_\_\_\_\_ The unit has a properly maintained and charged “2A:10BC” fire extinguisher.
- \_\_\_\_\_ The unit provides a posting which provides emergency contact information and a floor plan indicating fire exits and escape routes, which shall be posted in a prominent location
- \_\_\_\_\_ The unit provides a posting which provides all required tenant notifications required by Section 5 of the STR Ordinance.
- \_\_\_\_\_ Every sleeping area has at least one operable emergency escape and rescue opening per all applicable city-adopted codes, regulations, and ordinances
- \_\_\_\_\_ There is no overnight sleeping in outdoor areas
- \_\_\_\_\_ The Short-Term rental complies with all requirements of the City of Kemah Hotel Occupancy Tax Ordinance.
- \_\_\_\_\_ A map of the location of any on-site and off-site parking spaces available for guests.
- \_\_\_\_\_ Instructions to guests concerning disposal of garbage and handling of garbage containers.
- \_\_\_\_\_ Submit a sketch floor plan of the Short-Term Rental with dimension layout
- \_\_\_\_\_ Submit a site plan / survey of the property showing the maximum number of vehicles that may be legally parked on the real property on improved surfaces without encroaching onto street, sidewalks or alleys, other public rights of way or public property
- \_\_\_\_\_ Owner must submit complete list of all rentals advertised on all hosting sites

**I hereby certify under penalty of perjury that the information included in this application is true to the best of my knowledge, and I have checked to determine that no deed restrictions apply to this property that conflict with this request.**

\_\_\_\_\_  
**Applicant's Printed Name**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Operator's Printed Name**

\_\_\_\_\_  
**Operator's Signature**

\_\_\_\_\_  
**Owner's Printed Name**

\_\_\_\_\_  
**Owner's Signature**

**Email completed  
form to  
[galfaro@kemahtx.gov](mailto:galfaro@kemahtx.gov)**