

## Port Aransas Short Term Rental (STR) Registration

**Please complete one form for each rental dwelling. Payment of \$50.00 good for two years.**

Make checks payable to: City of Port Aransas (COPA)

Mail or drop off: 710 W Ave A, Port Aransas, Texas 78373 – Mon.-Fri. 9:00 a.m. – 4:00 p.m.

**Property Address:** \_\_\_\_\_ **Unit #** \_\_\_\_\_ **Property Name** \_\_\_\_\_  
Number and Street If applicable

**Property I.D. Number(office use only):** \_\_\_\_\_ **Number of Sleeping Rooms:** \_\_\_\_\_

**Maximum Occupancy:** \_\_\_\_\_ **(=Number of sleeping rooms x 2 +4)**

*Note: The property ID. number is the number the Nueces County Appraisal District office uses to identify your property.*

Type of Unit	<input checked="" type="checkbox"/>	Type of Unit	<input checked="" type="checkbox"/>	Type of Unit	<input checked="" type="checkbox"/>	# of units
Single family home	<input type="checkbox"/>	Bed & Breakfast	<input type="checkbox"/>	Hotel/Motel	<input type="checkbox"/>	
Condo/Townhome	<input type="checkbox"/>	Apartment	<input type="checkbox"/>	Condo-Hotel	<input type="checkbox"/>	
Accessory Dwelling Unit	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>		<input type="checkbox"/>	

**Property Owner: Name:** \_\_\_\_\_  
Last First Middle Initial

If LLC Registered Agent

**Taxpayer I.D. #** \_\_\_\_\_ (9 digits) or \_\_\_\_\_ **No Taxpayer I.D.**

**Mailing Address:** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Work Phone** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Owner's Physical Address:** \_\_\_\_\_  
Address City, State & Zip

**Owner's email address:** \_\_\_\_\_

**Property Management:**  **None – Self-managed**

**Company Name:** \_\_\_\_\_ **Taxpayer I.D.#** \_\_\_\_\_  
Company Name

**Mailing Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Work:** \_\_\_\_\_ **Phone Mobile:** \_\_\_\_\_

**Management's Physical Address:** \_\_\_\_\_  
Address  
City, State & Zip

**Manager's email address:** \_\_\_\_\_

**Local Contact for Problems:**  **Contact Owner**  **Contact Mgt. Company**

**Name:** \_\_\_\_\_  
Last First Title

**Mailing Address:** \_\_\_\_\_  
Address, City, State & Zip

**Work Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Contact's Physical Address:** \_\_\_\_\_  
Address, City, State & Zip

**Local contact's email address:** \_\_\_\_\_

**Questions? Contact**  
**City of Port Aransas (361) 749-4111**