## City of Santa Fe



## Short-Term Rental Lodger's Tax Exemption Form

Name of property owner	·		Date:
Address of short-term rental unit:			
City, State, ZIP code:			
Mailing address (if different	ent than above):		
City, State, ZIP code:			
NM CRS ID. No	STR Permit	#:	_ FEIN or SSN:
<ul> <li>Who may use this form: A person or company who is operating a short-term rental within the City of Santa Fe city limits may request an exemption from the requirement to remit Lodger's Tax to the City of Santa Fe.</li> <li>Short-term rental unit is comprised of less than three total rooms (all rooms, not just bedrooms)</li> </ul>			
Other exemption (please specify)			
Please enter the total number of bedrooms and bathrooms which will be made available for short-term rental guests: Bedrooms Bathrooms			
Please checkmark any rooms which are available to short-term rental guests:			
Kitchen	Living Room	Dining Room	
Please list any other rooms available to short-term rental guests:			
Total number of rooms: _			
I declare that the information stated above is true and correct in every material matter. I understand that my short-term rental permit will be revoked if the information provided is not accurate.			
Prir	ited name of owner	<del></del>	Date
Sign	nature of owner		
Department Use Only			
Approved:	Denied:	By:	Date:
Explanation for denial:			