



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 Fax 305-289-9834



Vacation Rental Agent License Application

Application Fee: New Agent \$500.00 Continuing Agent \$500.00 Owner Agent: N/C

Application Date: _____ Owner Agent

Choose Course View Method: View Powerpoint
 Workshop Training (if a workshop class has been scheduled)

1) Agent Name: _____

Mailing Address: _____

Phone (Home): _____ Email: _____

Phone (Office): _____ Cell: _____

24 Hour Contact Number: _____

24 Hour Contact (if different from above): _____

Name: _____

Mailing Address: _____

Phone (Home): _____ Email: _____

Phone (Office): _____ Cell: _____

- 2) This license shall be valid from the date of approval for a period of one (1) year for Agents and (2) years for Owner/Agents.
- 3) License is only valid when Agent is in receipt of signed Agent Certificate issued by the City of Marathon.
- 4) 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.
Must be validated by attached affidavit of understanding
- 5) Signature also certifies that owner/agent has read and examined this application and knows that the License shall not be valid until attendance and completion of certification course and payment for agent license received.

Owner/Agent Signature

Owner/Agent Printed Name

Date

FOR CITY USE ONLY

Certification course completed and approved on: _____

Approved By: _____



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Vacation Rental Agent Training Affidavit of Understanding

I hereby state that I have viewed attended (Check One) and understand the materials presented/contained in the Vacation Rental Agent Training video/workshop on: _____(Date)

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 I am the owner or agent (check one) of the property located within the City of Marathon located at: _____.

(Address) (Please attach list for multiple properties)

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 _____

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Phone (305) 743-5266 | FM@ci.marathon.fl.us