



Public Health
Prevent. Promote. Protect.
Stone County Health Department
Making Lives Better

Stone County Health Department

Vacation Home Rental Permit Renewal Application

BUSINESS CONTACT INFORMATION

Name of Establishment:	Owner Name:	Date:
Physical Address:	Mailing Address:	
Parcel ID # _ _ . _ - _ - _ - _ - _ - _ - . _ _		
Phone/Fax #s:	Phone/Fax #s:	
E-mail:	E-mail:	
Establishment URL:	Contact Person (name & number):	

MONTHS OF OPERATION

Months Of Operation:

- | | | | |
|-----------------------------------|--------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> April | <input type="checkbox"/> July | <input type="checkbox"/> October |
| <input type="checkbox"/> February | <input type="checkbox"/> May | <input type="checkbox"/> August | <input type="checkbox"/> November |
| <input type="checkbox"/> March | <input type="checkbox"/> June | <input type="checkbox"/> September | <input type="checkbox"/> December |

REQUIRED DOCUMENTATION

- Evidence of a valid Stone County Merchants License.
- Application and renewal fee of \$150.00

Office Use Only:

Date Received: _____ Payment Received _____

- Cash
- Check
- Debit Card
- Credit Card