



Public Health
Prevent. Promote. Protect.

Stone County Health Department
Making Lives Better

Stone County Health Department

701 Old Wilderness Rd, Reeds Spring, MO 65737
North Location: 109 East 4th Street, Galena, MO 65656
Phone: 417.272.0050 or 417.357.6134 Fax: 417.272.9058
www.stonecountyhealthdepartment.com

VACATION HOME RENTAL PERMIT APPLICATION

New

Renewal

Name of Establishment: _____

Physical Vacation Home Rental Address: _____

Vacation Rental Home Parcel ID#: _____

Owner Name: _____

Owner Mailing Address: _____

Owner Contact number: _____ Email: _____

Name, address and telephone number of managing agency, agent or local contact person for the owner of the vacation home rental:

I acknowledge as the owner/agent/ and or local contact person that I have read all regulations pertaining to the operation of a vacation rental.

Please include the following items:

- ✓ Evidence of a valid Stone County Merchants License
- ✓ Application and renewal fee of \$150.00
- ✓ Diagram or photograph of the premises showing and indicating the number and location of designated onsite parking spaces, and the maximum number of vehicles allowed for overnight occupants.
- ✓ Planning and Zoning Conditional Use Permit if required. Not required in incorporated areas (Villages, towns and cities).

*****Office Use Only:*****

Date Received _____ Cash/Ck#/CC _____

STONE COUNTY HEALTH CODE
VACATION RENTAL ORDINANCE

DIVISION 4. VACATION RENTAL

SECTION 4.1. AUTHORITY AND SCOPE OF REGULATIONS

This ordinance is enacted pursuant to Sections 192.300, RSMo, which provides in part as follows: The county commissions and the county health center boards of the several counties may make and promulgate orders, ordinances, rules or regulations, respectively as will tend to enhance the public health and prevent the entrance of infectious, contagious, communicable or dangerous diseases into such county, but any orders, ordinances, rules or regulations shall not be in conflict with any rules or regulations authorized and made by the Department of Health and Senior Services in accordance with this chapter or by the Department of Social Services under chapter 198, RSMo.

SECTION 4.2. DEFINITIONS

The words and phrases used in this ordinance have the following meanings:

4.2.1 Local contact person: a local property manager, owner, or agent of the owner, who is available to respond to tenant and neighborhood questions or concerns, or any agent of the owner authorized by the owner to take remedial actions and respond to any violation of this ordinance.

4.2.2 Managing agency or agent: a person, firm, or agency representing the owner of the vacation home rental, or a person, firm, or agency owning the vacation home rental.

4.2.3 Onsite Wastewater Treatment System Inspection: An inspection provides a thorough assessment of the condition of an onsite system and all components. In addition, a water volume test is conducted to determine whether a soil absorption system can accept anticipated wastewater flows.

4.2.4 Operator: the person who is proprietor of a transient lodging facility, whether in the capacity of owner, lessee, sub-lessee, mortgagee in possession, licensee, or any other capacity. Where the operator performs his/her functions through a managing agent of any type or character, other than an employee, or where the operator performs his/her functions through a rental agent, the managing agent or the rental agent has the same duties as his/her principal. Compliance with the provisions of this chapter by either the principal or the managing agent or the rental agent is considered to be compliance by both.

4.2.5 Owner: the person or entity that holds legal or equitable title to the private property.

4.2.6 Person: an individual, or group of individuals, or an association, firm, partnership, corporation, or other private entity.

4.2.7 Vacation rental: one or more dwelling units, including either a single-family, detached or multiple-family attached unit, rented for the purpose of overnight lodging for a period of not less than 1 day and not more than 28 days other than ongoing month-to-month tenancy granted to the same renter for the same unit pursuant to 315.005 to 315.065, RSMo and CSR 20-3.050 Sanitation and Safety Standards for Lodging Establishments.

4.2.8 Vacation rental permit requirements: No owner of a vacation rental may rent that unit for 28 consecutive calendar days or less without a valid vacation rental permit for that unit issued pursuant to this ordinance. A separate permit is required for each vacation rental.

SECTION 4.3. AGENCY

An owner may retain an agent; representative, or local contact person to comply with the requirements of this ordinance, including, without limitation, the filing of an application for permit, the management of the vacation rental, and the compliance with the conditions of the permit. The permit shall be issued only to the owner of the vacation rental. The owner of the vacation rental is responsible for compliance with the provisions of this ordinance and the failure of an agent, managing agency, or local contact person to comply with this ordinance is non-compliance by the owner, the agent, managing agency and local contact.

SECTION 4.4 APPLICATION FOR VACATION HOME RENTAL PERMIT

An application for a permit must be filed with the Stone County Health Department before use of the property as a vacation rental. Permit applications for properties presently used as vacation rental must be filed within 90 days of the effective date of this ordinance upon forms provided by the Stone County Health Department and must contain the following information:

- 4.4.1 The name, address, and telephone number of the owner of the vacation rental for which the permit is issued.
- 4.4.2 The name, address, and telephone number of the managing agency, agent or local contact person for the owner of the vacation rental.
- 4.4.3 A diagram or photograph of the premises showing and indicating the number and location of designated on-site parking spaces and the maximum number of vehicles allowed for overnight occupants.
- 4.4.4 Evidence of a valid transient occupancy tax remittance form issued by the county for the vacation rental.
- 4.4.5 Acknowledgment that the owner, agent, and local contact person have read all regulations pertaining to the operation of a vacation rental.
- 4.4.6 Onsite wastewater treatment system inspection report performed by a licensed onsite system inspector. If the onsite wastewater treatment system is found to be insufficient, the initial onsite wastewater treatment system repair permit fee will be waived.

SECTION 4.5. APPLICATION AND RENEWAL FEES

A fee of \$150.00 must accompany an application for a vacation rental permit. Owners who hold a vacation rental permit shall pay a renewable annual fee of \$150.00. Each permit shall expire on the thirtieth day of June following its issuance.

SECTION 4.6. PERMIT COMPLIANCE PROCEDURES

Prior to approval of an application for permit, the regulatory authority shall inspect the proposed vacation rental to determine compliance with the requirements of this ordinance.

4.6.1 The owner must by written agreement, limit overnight occupancy of the vacation rental to the specific number of occupants designated in the permit, with the number of overnight occupants not to exceed 2 persons per bedroom plus 4 additional persons per residence.

4.6.2 The owner shall by written agreement, limit the number of vehicles of overnight occupants to the number designated in the permit; with the number of vehicles of overnight occupants not to exceed the number of designated on-site parking spaces. Parking buses with a seating capacity greater than half of the occupancy of the number of occupants designated on the permit, on-site or on the street is prohibited.

4.6.3 The owner of the vacation rental shall post a copy of the permit and a copy of the conditions set forth in this section in a conspicuous place within the vacation rental.

4.6.4 Each vacation rental shall have clearly visible and legible notice posted within the unit on or adjacent to the front door, containing the following information:

- a. The name of the managing agency, agent, property manager, local contact, or owner of the unit, and a telephone number at which that party may be reached on a 24-hour basis;
- b. The maximum number of occupants to stay in the unit;
- c. The maximum number of vehicles allowed to be parked on the property and location of on-site parking spaces;
- d. Notification that failure to conform to the parking and occupancy requirements of the structure is a violation of this ordinance;
- e. The trash pick-up day and notification that trash and refuse shall not be left or stored on the exterior of the property except from 6:00 p.m. of the day prior to trash pick-up to 6:00 p.m. on the day designated for trash pick-up;
- f. The occupants of a vacation rental must make the notice required by this paragraph available for inspection by the Stone County Health Department.
- g. Each vacation rental shall have the 9-1-1 address posted. The numbers shall be in arabic numerals at least 3 inches in height, and of a durable and clearly visible material. The numbers shall be placed on, above, or at the side of the main entrance so the number is visible from the public right-of-way. Whenever a residence entrance is not visible from the public right-of-way, the number shall be placed along a driveway, or property entrance. Address numbers are to be a contrasting color to the background on which they are mounted.

SECTION 4.7. VIOLATION AND ADMINISTRATIVE PENALTIES

4.7.1 The following conduct is a violation for which the permit shall be suspended or revoked:

- a. The owner has failed to comply with the standard conditions imposed pursuant to the provisions of Section 4.6 of this ordinance.
- b. Any false or misleading information supplied in the application process.
- c. No owner of a vacation rental may rent that unit for 28 consecutive calendar days or

less without a valid vacation rental permit for that unit issued pursuant to this ordinance.

4.7.2 Any person, firm, corporation or association which violates any of the orders or ordinances adopted, promulgated and published by the Stone County Health Department Board of Trustees is guilty of a misdemeanor and shall be prosecuted, tried and fined as otherwise provided by law. The Stone County Health Department Board of Trustees has full power and authority to initiate the prosecution of any action under this ordinance, pursuant to Sections 192.300, RSMo.

SECTION 4.8. EFFECTIVE DATE

These regulations shall become effective on and after the first (1) day of June 2009
(Suspended by SCHD Board of Trustees August 15, 2011)
Reinstated by SCHD Board of Trustees February 1, 2012

**BY ORDER OF THE STONE COUNTY COMMISSION AND THE STONE COUNTY
HEALTH DEPARTMENT BOARD OF TRUSTEES PASSED AND APPROVED THIS
11th DAY OF MAY 2009**

WELCOME TO DEW DROP INN

ADDRESS: 111 Lakeview Lane, Branson, MO 65616

Owners: Joe Somebody

Occupancy: 16

Parking for 3 vehicles in driveway and parking for boat on north side of home.

Trash is picked up on Thursday. Receptacle is in garage please take to road next to mailbox before 6:00 AM on Thursday.

Wi-Fi password is 1234

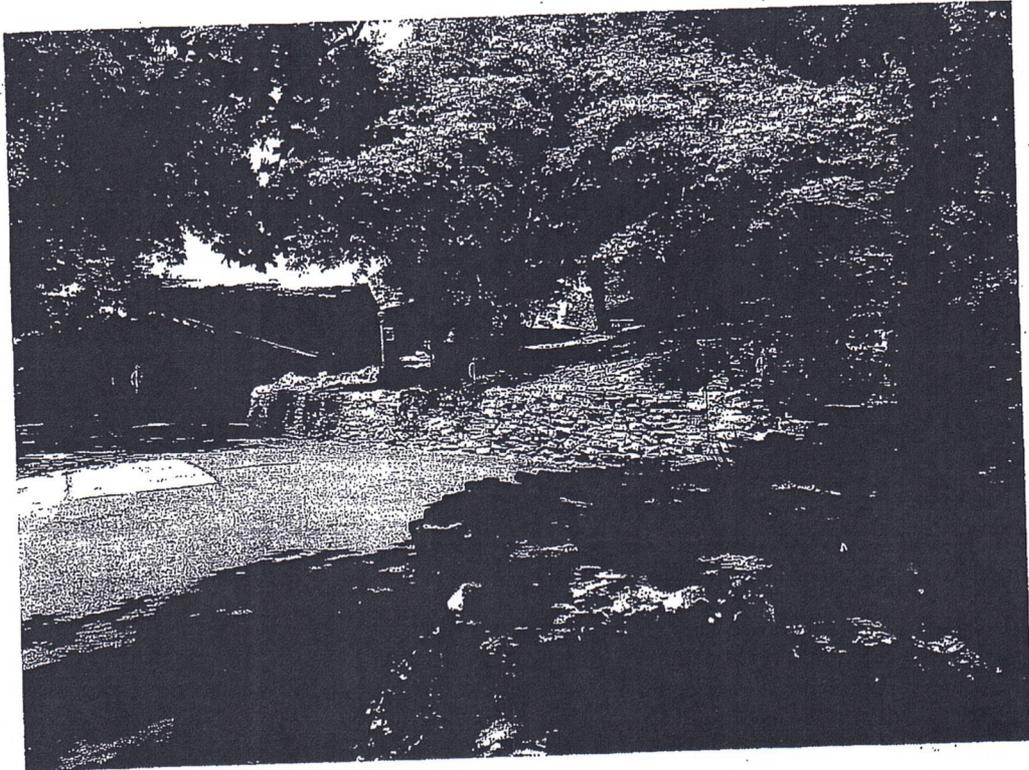
Primary Contact is Joe 867-5308

Secondary Contact is Jenny 867-5309

Email: Joe@dewdropinn.com

PARKING

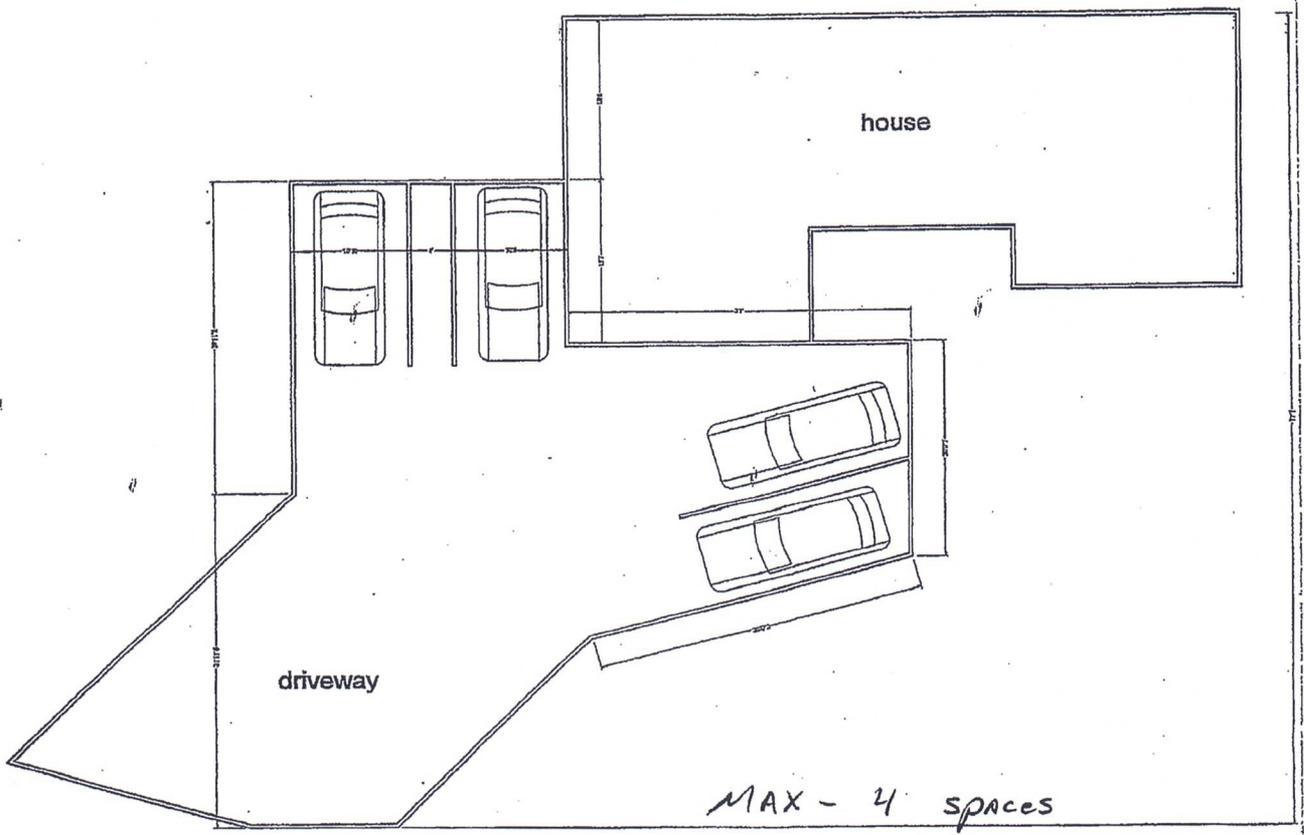
No parking on the road or on the side of the road.
Approved parking area pictured below, has a limit
of 8 vehicles.



GARBAGE PICKUP



Please note that garbage pickup is Thursday. Place
all trash in provided receptacles before then.



Stone County Merchants License Application

Vicki A. May, Collector of Revenue
PO Box 256

Galena, Missouri 65656
Phone 417-357-6124

Merchants License For 12 Months ----- \$25.00

No license can be issued
without a valid
State Sales Tax Number.

Missouri Revised Statutes 150.100 states, "No person, corporation, copartnership or association of persons shall deal as a merchant without a license. Each offender shall, upon conviction, be deemed guilty of a misdemeanor."

- Date of application: _____
1. Name of business: _____
 2. Name(s) of owner(s): _____
 3. Business phone number: _____
 4. Mailing address: _____
 5. Physical location of business: (Must purchase a license for each location of business) _____
 6. Nature of business: _____
 7. Planning and Zoning

Approval Stamp:

(New business applications are
Required to go the Stone County
Planning & Zoning Department to
Receive approval stamp and/or
Special Use Permit Number)

8. Do you employ five or more people? Yes or No _____

If YES: I hereby certify that all requirements of RSMo Section 287
concerning Workman's Compensation Insurance have been complied with:

(Signature)

If NO, sign here: _____

(Signature)

Return This Form With \$25 Payment

FOR OFFICE USE
Date Mailed _____
License # _____