

**NON-RESIDENT SHORT-TERM RENTAL REGISTRATION
PROPOSED REGISTRANT'S MANAGEMENT CONTROL AND
RESPONSIBILITY AFFIDAVIT**

Address and description of Proposed Short-Term Rental Dwelling Unit: _____

STATE OF _____)

COUNTY OF _____)

The undersigned hereby states that;

Their full name is: _____

Their telephone number is: _____

Their full mailing address is: _____

Their email address is: _____

The undersigned is the proposed registrant of the proposed short-term rental dwelling unit described above, and the natural person who has management control and responsibility for the dwelling unit for the duration of the twelve-month registration period that the proposed registrant has requested in this registration application. The undersigned further affirms that they will personally inspect the interior and exterior of such dwelling unit at least once per month during the registration period. Kansas City Code Section 56-803(b)(5).

Signature of Registrant with
Management Control and Responsibility

Typed or Printed Name

Subscribed and sworn to before me a notary public on this _____ day of

_____, 20_____.

Notary Public

My Commission expires: _____