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VILLAGE OF QUOGUE  
P.O. Box 926 / 7 Village Lane  
Quogue, NY 11959  
631-653-4498 / 631-653-4776 (fax)  
contact@villageofquogueny.gov

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**2016 SEASONAL RENTAL APPLICATION QUICK CHECK LIST**

While filing for your seasonal rental license, please follow the check list below. This will allow the processing of your application to be quick and efficient. Allow five business days for applications to be processed. Tenants may not take occupancy or apply for Beach Permit until license is approved.

- 1.) NO PARTIAL APPLICATIONS WILL BE ACCEPTED
- 2.) REALTOR (if applicable), OWNER(S), AND TENANT(S) NEED TO READ AND SIGN SEASONAL RENTAL APPLICATION.

**DID YOU:**

- \_\_\_ FILL OUT ALL QUESTIONS ON APPLICATION
- \_\_\_ INCLUDE FULLY EXECUTED LEASE
- \_\_\_ INCLUDE TENANT PHOTO ID FOR ALL THOSE OVER 17
- \_\_\_ INCLUDE SIGNATURES OF ALL ADULT TENANTS
- \_\_\_ PROVIDE PROPER FEE
- \_\_\_ PROVIDE EMAIL ADDRESSES FOR ALL PARTIES

**BEACH PASSES ARE A SEPARATE APPLICATION  
AND WILL ONLY BE ACCEPTED AFTER  
THIS SEASONAL RENTAL APPLICATION IS APPROVED.**

Thank You  
Enjoy your summer season

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2016 SEASONAL RENTAL LICENSE APPLICATION 2016

ALLOW 5 BUSINESS DAYS FOR PROCESSING

This license is issued pursuant to the laws of the Village of Quogue concerning seasonal rentals. Signature on this license by home owners, tenants and realtors certifies familiarity with the seasonal rental laws of the Village of Quogue and that the information included on this application is correct and complete. The Quogue Village Code can be found on our website at www.villageofquogueny.gov

Important conditions of seasonal rentals include:

- No seasonal rental dwelling shall be occupied before a seasonal rental license is approved.
No seasonal rental dwelling shall be occupied (a) by more than two (2) persons per conventional bedroom or, (b) subject to appeal to the Zoning Board of Appeals, by more than six (6) unrelated persons. ALL occupants must be listed on the seasonal rental license, no shares to occupy the dwelling shall be sold to others, and the dwelling shall not be occupied on a transient basis.
Inspection by an authorized Village employee, for conformity with Village, Town, County and New York State laws may be required.
A COPY OF THE FULLY EXECUTED LEASE for the rental and Certificate of Occupancy for all structures on the premises must be submitted with the license application.
This license may be revoked and a future license denied, subject to appeal to the Village Trustees, for any violation of the seasonal rental laws of Quogue, including: Parking of excessive vehicles on the rental premises at any time; or of more vehicles than the number of conventional bedrooms in the dwelling plus one vehicle between 1:00 a.m. and 6:00 a.m.; selling or granting to anyone not listed on this license of any access to the ocean, bay or canal or any right to use the property for recreational or other purposes; disturbance of the peace, tranquility, health, comfort, or safety of the rental neighborhood; and congregation of large numbers of people on the premises.

The following conditions may result in revocation of this license and denial of future licenses, subject to appeal to the Quogue Village Trustees, as well as by fines of up to \$1000.00 a day and imprisonment not exceeding fifteen (15) days:

- Incomplete or incorrect information on this license, and
Violations of Quogue seasonal rental laws by owner or tenant.

In addition, these conditions may result in reporting the Realtor(s) involved to the State of New York Department of State, Division of Licensing.

A. TO BE COMPLETED BY REALTOR: If no Realtor circle NONE

Name and Address of firm: \_\_\_\_\_

The undersigned certifies that owner and tenants were given a copy of conditions of seasonal rental (this page).

Realtor's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

EMAIL \_\_\_\_\_ Date \_\_\_\_\_

**B 1. To be completed by OWNER(S)\*\* (PLEASE PRINT):**

Rental House Street Address: \_\_\_\_\_ Telephone \_\_\_\_\_

Name of Owner(s) \_\_\_\_\_

Please Print \_\_\_\_\_ Owners Permanent Address \_\_\_\_\_ Owners cell phone # \_\_\_\_\_

Term of rental \_\_\_\_\_ Owners Email \_\_\_\_\_  
From To

Number of Tenants: \_\_\_\_\_ Number of conventional bedrooms \_\_\_\_\_

Person authorized to act for owner, Cell phone \_\_\_\_\_

\_\_\_\_\_  
Name Address Email

Arrangements for garbage collection: \_\_\_\_\_

I (we) authorize representatives of the Village of Quogue to enter upon the subject property and structures for the purpose of inspecting same to ascertain that same are in conformity with the Quogue Village Code, Town, Suffolk County and State of New York codes, ordinances and laws.

Signature of Owner(s) \_\_\_\_\_, owner

\_\_\_\_\_, owner

**ATTENTION: FOR OWNERS WHO RENT MORE THAN ONCE IN A SEASON: WHEN LEASE EXPIRES, BEACH STICKER(S) FOR SEASONAL RENTERS MUST BE RETURNED TO THE VILLAGE OFFICE OR A NEW BEACH STICKER APPLICATION WILL BE DENIED.**

\*\* A FALSE STATEMENT MADE HEREIN IS PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK.

**FEES: \$250.00 – More than 31 days      ADDITIONAL FEE OF \$50.00 IF APPLICATION RECEIVED  
\$125.00 – 31 days or less              AFTER THE COMMENCEMENT DATE OF THE LEASE.**

FACSIMILE SIGNATURE OF THE APPLICANT SHALL BE ACCEPTED AS AN ORIGINAL FOR THE PURPOSES OF THIS APPLICATION.

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**B2. FOR OFFICE USE ONLY:**

License Granted: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_ Certificate of Occupancy# \_\_\_\_\_

If denied, reasons(s) \_\_\_\_\_ Tax Map # Sec \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

\_\_\_\_\_  
Fee Paid: \_\_\_\_\_ Permit No. \_\_\_\_\_

Code Enforcement Officer

**C 1. TO BE COMPLETED BY TENANT (S):**

**Note: A copy of each tenant's driver's license or a photo identification must be attached hereto.**

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**NAME AND PERMANENT RESIDENCE OF ALL TENANTS (IF NECESSARY, ATTACH SEPARATE SHEET):**

1.\*\* \_\_\_\_\_  
Name (print or type) Permanent Address Telephone

\_\_\_\_\_  
Signature Date EMAIL

2.\*\* \_\_\_\_\_  
Name (print or type) Permanent Address Telephone

\_\_\_\_\_  
Signature Date EMAIL

3.\*\* \_\_\_\_\_  
Name (print or type) Permanent Address Telephone

\_\_\_\_\_  
Signature Date

4.\*\* \_\_\_\_\_  
Name (print or type) Permanent Address Telephone

\_\_\_\_\_  
Signature Date

5.\*\* \_\_\_\_\_  
Name (print of type) Permanent Address Telephone

\_\_\_\_\_  
Signature Date

6.\*\* \_\_\_\_\_  
Name (print or type) Permanent Address Telephone

\_\_\_\_\_  
Signature Date

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