

I	hereby authorize	GoodNight Stay	to apply
for a Short Term Rental Pe	ermit(s) for my property located	d at	
Signature			
Affiant's PRINTED Name Affiant's Address			
Representative's Email Phone	permits@goodnightstay.com 615-622-2525		
COUNTY OF DAVIDSON			
BEFORE ME,	, a No	otary Public for said Co	unty and said
State, appeared		, with w	hom I am
	proved to me on the basis of sa	•	
	This the	day of	, 201
		NOT	ARY SIGNATURE

My Commission Expires: